

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-017946**

**FILED VS. APR 22 1960**

317

Primary Registration District No. **500**

Registrar's No. **1182**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>St. Louis</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lemay</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1101 Roxbury Drive</b>		Length of stay in 1b <b>5 yrs</b>		c. CITY OR TOWN <b>Lemay</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>1101 Roxbury Drive</b>		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Louis</b>		Middle <b>----</b>		Last <b>Werner</b>		Month <b>April</b> Day <b>7</b> Year <b>1960</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-8-1884</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Kiln Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Alpha Portland Cement Co. St. Louis Co. Mo.</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Charles Werner</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Keller</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-03-0873</b>		17. INFORMANT <b>Elizabeth Werner 1101 Roxbury Drive Lemay,</b> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Coronary Thrombosis. one hr.</b>							
DUE TO (b) <b>Generalized arteriosclerosis.</b>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diverticulitis of the Colon.</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY		Hour Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Dec. 1959</b> to <b>death</b> and last saw her/him alive on <b>March 25</b> Death occurred at <b>2:25 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>John G. Kellett M.D.</b> (Do not write in this space)				22b. ADDRESS <b>2623 Telegraph Rd.</b>			22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-11-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Parklawn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>1600 Lemay Ferry Road Lemay, Mo.</b>	
24. FUNERAL DIRECTOR <b>C. Hoffmeister Mortuaries</b> ADDRESS <b>781 1/2 S. Broadway</b>				25. DATE RECD. BY LOCAL REG. <b>APR 9 1960</b>		26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John Denne*

Licensed Embalmer No. 4194

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.