

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036703

FILED VS SEP 21 1960 318 Primary Registration District No. 1003 Registrar's No. 8685 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. Louis		Length of stay in 1b		c. CITY OR TOWN ST. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1002 1/2 RUSSELL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 1002 1/2 RUSSELL		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First George Middle J. Last WERNER				4. DATE OF DEATH Month SEPT Day 4 Year 1960					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-6-1900	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BONDSMAN				10b. KIND OF BUSINESS OR INDUSTRY Mo		11. BIRTHPLACE (City and state or country) Mo		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME George WERNER			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE —			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Laura Holwanger Address 1002 1/2 Russell				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heat Exhaustion DUE TO (b) Coronary Arteritis (anurysmal) DUE TO (c) Coronary Sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Arteriosclerotic Hypertension 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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Suffered at home on a					
20c. TIME OF INJURY Hour 9 a.m. 460 Month, Day, Year September 4, 1960	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 23 Home		20f. CITY, TOWN, OR LOCATION St Louis Mo			
21. I attended the deceased from 230 A to her and last saw him alive on the date stated above, and to the best of my knowledge, from the causes stated.									

22. SIGNATURE Paul J. Simon (Degree of title) Deputy Coroner			22b. ADDRESS 1300 Clark			22c. DATE SIGNED 9/6/60		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		23e. STATE	
BURIAL		SEPT 6, 1960	S. S. Peter & Paul Cem		ST. Louis		Mo.	
24. FUNERAL DIRECTOR Thomas Lutz ADDRESS 2906 Lewis			25. DATE RECD. BY LOCAL REG. SEP 6 1960		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.			

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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Eleanore Poine

Licensed Embalmer No. 3403

P. O. Address 2906 Jh

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.