URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ILED VS NOV 3 1960

-60-040359

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10438

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DOA De Paul Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4117 N. Euclid Ave.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: John Middle: D. Last: Werner

4. DATE OF DEATH: Month: 10 Day: 26 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 7/30/79

9. AGE (last birthday): 81

IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tuckpointer (ret.)

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Daniel Werner

13b. MOTHER'S MAIDEN NAME: Catherine Borsch

14. NAME OF HUSBAND OR WIFE: Lillian M. Werner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Catherine M. Clark, Address: 4117 N. Euclid

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arterio sclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arterio sclerosis
DUE TO (c): 420.0
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 _____ to _____ and last saw her/him alive on _____
Death occurred at 7:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Patrick F. Taylor (Degree or title) Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 10-27-6

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 10/29/60

23c. NAME OF CEMETERY OR CREMATORY: Zion Cemetery

23d. LOCATION (City, town, or county): St. Louis County (State): Mo.

24. FUNERAL DIRECTOR: Drehmann-Harral, ADDRESS: 1905 Union Blvd.

25. DATE RECD. BY LOCAL REG.: OCT 28 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DOCUMENT

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_____ Signed Warren A. Carr

Signature of Student Embalmer

Licensed Embalmer No. 353

P. O. Address_____

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