

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031487

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2468

FILED SEP 13 1961

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton | | Length of stay in 1b DAYS | c. CITY OR TOWN University City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 6648 Washington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First Fred Middle Werner Last Werner | | | 4. DATE OF DEATH Month 9 Day 1 Year 61 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/5/74 | 9. AGE (last birthday) 87 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Owner | | 10b. KIND OF BUSINESS OR INDUSTRY Clothing | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |
| 13a. FATHER'S NAME Morris Werner | | 13b. MOTHER'S MARDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Helen Werner | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk. | | 16. SOCIAL SECURITY NO. Unk. | 17. INFORMANT Address Mrs. F. Werner-6648 Washington | | | |

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| 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) | Partial Colectomy (recent postop 2dum) | |
| Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. | Marked retro peritoneal hemorrhage | |
| DUE TO (b) | Divertriculitis | |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis Arterio-sclerotic heart disease | | 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 | |
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| 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 a.m. p.m. | Month, Day, Year | | |

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|--|--|------------------------------|--------|-------|
| 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 8-21-61 to 9-1-61 and last saw her/him alive on 9-1-61
Death occurred at 2:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22. SIGNATURE (Degree or title) <i>John C. Murphy M.D.</i> | 22b. ADDRESS 501 So. Brentwood Clayton 5 Mo. | 22c. DATE SIGNED 9/2/61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 23b. DATE 9/3/61 | 23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
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| 24. FUNERAL DIRECTOR Herman Rindskopf, Inc. 5216 Delmar | 25. DATE RECD. BY LOCAL REG. 9-2-61 | 26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Ketter
Licensed Embalmer No. 3880

P. O. Address _____

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