

No. 2  
-4-41  
17-39

X25390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20421

State File No.

1003

5233

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lutheran Convalescent Home # 4329 Taft Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Oct. 16, 1940  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME ARTHUR H. WERNSE.

3. (b) If veteran, name war none  
3. (c) Social Security No. 497-18-6792

4. Sex Male (1) 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mathie Wernse.  
6. (c) Age of husband or wife if alive Abt 70 years

7. Birth date of deceased Aug. 17, 1871  
(Month) (Day) (Year)

8. AGE: Years 69. Months 10. Days 7.  
If less than one day  
hr. min.

9. Birthplace St. Louis, (1) Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business The Hart Co.

12. Name William F. Wernse

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mimmie Hintze.

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles DePew.

(b) Address 6242 Waterman,

17. (a) burial (b) Date thereof 6-25-41  
(Specify burial, or removed to (City or town) (County) (State)  
@ Oak Grove Bellefontaine Cemetery  
(c) Place: burial or cremation

18. (a) Signature of funeral director C.R. Lupton & Sons.  
(b) Address 7233 Delmar, Blvd.

19. (a) JUN 25 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. Mo (b) County 000  
(c) City or town Chicago St. Louis 116  
(If outside city or town limits, write "RURAL")  
(d) Street No. unknown 4329 Taft. 9  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th  
21. 1941 year 1941 hour 8 minute M.

21. I hereby certify that I attended the deceased from Dec 1/40  
to June 24 1941  
that I last saw him alive on June 13/41  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 2 yrs.

Due to.....

Due to.....

Other conditions 97  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
.....

While at work? Yes (Specify type of place)  
(e) Means of injury falling

23. Signature [Signature] (M. D. or other)

Address 4724 Grandis Date signed 6/24/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

4724 GIBBOIS.  
CHS. 12 to 1 P.M.  
HO-1456

JAN 6 1949

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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