MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6921

1. PLACE OF DEATH

County ..... Registration District No. 791 1002 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1777

City St. Louis, Mo. (No. Lutheran Hospl. St. ..... Ward)

2. FULL NAME William Wernli

(a) Residence. No. 3252 So. Compton St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 13 - 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
35	6	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Tool and Die 101
(b) General nature of industry, business, or establishment in which employed (or employer) Business 129
(c) Name of employer 107

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

PARENTS

10. NAME OF FATHER John Wernli

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Aretta Wernli
(Address) 3252 So. Compton

15. FILED 20, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1930, to Feb 19, 1930 that I last saw him alive on Feb 18, 1930, and that death occurred, on the date stated above, at 4:25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute gangrenous appendicitis with Diffuse general peritonitis
(duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (SECONDARY) Broncho pneumonia
(duration) — yrs. — mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 1170
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 10 - 1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation & physical exam
(Signed) [signature], M. D.
2/19, 1930. (Address) 514 Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bellefontaine Cem.	Feb. 21 - 1930.
20. UNDERTAKER	**ADDRESS**
Ziegenhein Bros. 2621	3 Cherokee

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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R. E. Schlueter