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.

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 10493
Township Washington — Primary Registration District No. 1001 — Registered No. 584
City Saint Joseph (No. 3019 Edmond Street St. Ward)

2. FULL NAME John J. Werst
(a) Residence, No. 3019 Edmond St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --- Mrs. Luella Werst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1869

7. AGE: YEARS 68 — MONTHS 2 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Supt. of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Street Dept.
10. Date deceased last worked at this occupation (month and year) May 17, 1937
11. Total time (years) spent in this occupation 5yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fall City, Nebraska

FATHER
13. NAME Franklin Werst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, Germany

MOTHER
15. MAIDEN NAME Linda Schimpf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, Germany

17. INFORMANT (ADDRESS) Mrs. Luella Werst, 3019 Edmond Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora cemetery DATE May 20, 1937

19. UNDERTAKER (ADDRESS) E. R. SIDENFADEN FUNERAL HOME 602 South 10th Street

20. FILED 5/19 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17th, 1937, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30P m.
The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis — Date of onset 5/17-37

94B

Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) R. W. Tadlock — Coroner, M. D.
(Address) St Joseph, Mo.

JUL 24 1942