

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH 100827390
Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis (d) Street No. City Hospital No. 1 Registered No. 7404
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 6524

2. PRINT FULL NAME

Frederick Werner 656
4934 a Union St. 7
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist retired
 9. Industry or business in which work was done, as saw mill, bank, etc. nil
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany b

FATHER 13. NAME Daniel Werner b

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany b

MOTHER 15. MAIDEN NAME Caroline Barsch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp. I fo M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Zions Cem. DATE Aug. 22 1938

19. FUNERAL DIRECTOR (ADDRESS) Drehmann Karal
1905 Union

20. FILED AUG 22 1938 J. F. Brediek
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/20/38 19..

22. I HEREBY CERTIFY, That I attended deceased from 8/7/38 19.. to 8/20/38 19..
 I last saw him live on 8/20/38 19.. Death is said to have occurred on the date stated above, at 12.05 a.

The principal cause of death and related causes of importance were as follows:

Carcinoma of common bile duct i. obstructive jaundice and metastases to lungs, liver and bone.
Hydrops of gall bladder with cholelithiasis.
 Date of onset

Other contributory causes of importance: HTG

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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?.....

If so, specify.....

(Signed) L. P. Reh M. D.

(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, R. M. Sanford, Licensed Embalmer No. 2273

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed R. M. Sanford

Licensed Embalmer No. 2273

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.)