

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH27418
Do not use this space.

7432

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City St. Louis (d) Street No. Alexian Bros. Hospital St.
 (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.

2. PRINT FULL NAME

Raymond J. Wernig
 (a) Residence, No. 117 Mann St. (St. Louis Co.) St. Mo.
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 13-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 5 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman
 9. Industry or business in which work was done, as saw mill, bank, etc. Freight Lines
 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) St. Louis, Mo.

FATHER 13. NAME August Wernig
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Illinois

MOTHER 15. MAIDEN NAME Theresa Six
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Ruth Wernig
 (ADDRESS) 117 Mann St. St. Louis Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn DATE Aug. 24th. 1938

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle
 (ADDRESS) 2331 S. Broadway

20. FILED AUG 22 1938 J. P. Pudelek
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH
NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August, 20th. 19 38

22. I HEREBY CERTIFY. That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 9:00 m.

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

Internal hemorrhage from punctured left lung, Subdural hemorrhage of brain, suffered when deceased's Pontiac Sedan was struck by Missouri Pacific Train #63, about 7:25 P.M.

Other contributory causes of importance:
August 20th, 1938, at Missouri Pacific Track and Cliff Cave Road, St. Louis County.

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? Accident Date of injury 8/20/ 19 38
 Where did injury occur? St. Louis Co.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

In Public Place
 Manner of injury See Above
 Nature of injury See Above

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....

(Signed) Wacker-Helderle
 (Address) 2331 S. Broadway

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,

Robert Wheeler

or by

Registered Apprentice No., working under my personal supervision.

Signed

Robert Wheeler

Licensed Embalmer No.

2128

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, above space should be left blank.