

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30470
Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County Registration District No. **1008**
 (b) Township Primary Registration District No. Registered No. **7907**
 (c) City **St. Louis** (d) Street No. **4528** **Queens Avenue** 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

JOHN L. WERNE, **650**
 (a) Residence, No. **4528** **Queens Avenue** 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Josephine M. Werne (Full Weber)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 8, 1873**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired Clerk**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Mallinckrodt Chemical Works**
 10. Date deceased last worked at this occupation (month and year) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Memphis Tenn.**

FATHER 13. NAME **Leonard Werne**

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

MOTHER 15. MAIDEN NAME **Susan Krupp**

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

17. INFORMANT (ADDRESS) **Mrs. Josephine M. Werne 4528 Queens Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Sept. 9, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Math. Hermann & Son 2161 East Fair Avenue**

20. FILED **SEP - 7 1938** **J. D. Bricker** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 6, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 3rd**, 19**38**, to **Sept 6th**, 19**38**.
 I last saw him alive on **Sept 5th**, 19**38**. Death is said to have occurred on the date stated above, at **2:22 A. M.**

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

Central apoplexy
Recurrent attacks
Chronic myocarditis
 Date of onset **9-9-38**

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? **Chemical** 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?
 If so, specify
 (Signed) **J. D. Bricker** M. D.
 (Address) **5930 Southwest Blvd**

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.

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 _____

Licensed Embalmer No. 2967

P. O. Address 2161 E. Fair

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.