DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27378

Registration District No. 791 — Primary Registration District No. — Registrar's No. 6878

1. PLACE OF DEATH: 1003

(a) County 1

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution three days (Specify whether years, months or days) In this community Birth

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County 19

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3801 West Pine Blvd (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anthony Werth 630

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Werth nee Lotte

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased December 24, 1882 (Month) (Day) (Year)

8. AGE: Years 56 | Months 7 | Days 12 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Paper cleaner 0

11. Industry or business 6

FATHER
12. Name Anthony Werth
13. Birthplace Germany (City, town, or county) (State or foreign country) 6

MOTHER
14. Maiden name Louise Brockmann
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Anna Werth

(b) Address 3801 West Pine Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8, 39 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 7 1939 (Date received local registrar) (b) J. B. Burdeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1939 hour 2:30 PM minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Back; Fractured Pelvis; suffered when deceased jumped from roof to yard, at

Due to his home, August 2nd, 1939, about 11:00 A.M

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) SUICIDE

(b) Date of occurrence August 2nd, 1939

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home (Specify type of place)

While at work 4 (e) Means of injury

23. Signature Joseph [illegible] (M. D. or other)

Address Deputy Coroner Date signed 8/7

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

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 William G. Buckholz

Licensed Embalmer No. 2110

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.