

RECORDED 18 1939

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

File No. _____
Registered No. _____
4672

1. PLACE OF DEATH

County St. Charles

Registration District No. 11

Township Quire

Primary Registration District No. 5

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

WILLIAM F. WERNER

(a) Residence, No. O'FALLOON R 2 St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

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. Celia Werner

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

April 25, 1869

7. AGE

YEARS

70

MONTHS

6

DAYS

22

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

Ohio

MOTHER

13. NAME

Werner

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

Ohio

15. MAIDEN NAME

Lussler

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

Ohio

17. INFORMANT (ADDRESS)

Mrs. Celia Werner
O'Fallon Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Paul Mo DATE 11/20 1939

19. UNDERTAKER (ADDRESS)

Faithfully
O'Fallon Mo

20. FILED

Nov 20 1939 Gertrude S. Foistell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1939, to Nov 17 1939

I last saw him alive on Nov 16 1939 Death rapid

to have occurred on the date stated above, at 3:30 a.m.

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

Aug 9 1938
Public ground skin island
Myo-Carditis

Date of onset

Other contributory causes of importance: 93 d.

Pyo Nephritis

Name of operation Skull white

What test confirmed diagnosis? Skull white

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 J.P. Werner

(Signed) J.P. Werner, M. D.

(Address) O'Fallon Mo

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.

