

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

29199

State File No.

FILED AUG 29 1946 318

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 7229

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County.....
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Memorial Home, 2609 S. Grand Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY WERNER
3. (b) If veteran, name war --
3. (c) Social Security No. --

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased December 14, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 8 9 hr. min.

9. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Not known

11. Industry or business

MOTHER FATHER
12. Name George Werner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Snyder
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. S. Shaw
(b) Address 2609 S. Grand Blvd.

17. (a) Burial (b) Date thereof Aug. 24, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington-8-

19. (a) AUG 23 1946 J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town Saint Louis 1717
(If outside city or town limits, write "RURAL")
(d) Street No. 2609 S. Grand Blvd. 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1946 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from Apr. 1, 1946 to Aug 23, 1946
that I last saw him alive on Aug 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
chr. myocarditis
Due to

Duration
unknown
"

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature Edward Helbing (M. D. or other) M.D.
Address 3903 Olive Date signed Aug 23, 46

(Licensed Embalmer's Statement on Reverse Side) St. Louis 8 Mo

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

Philip M. Lewis

Licensed Embalmer No..... 3281

P. O. Address... 4468 Washington--8--.....

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, fact should be so stated above.