S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7123

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2220

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
4116a Hartford St.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 167
(If outside city or town limits, write "RURAL")

(d) Street No. 4116a Hartford St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 9

If yes, name country

3. (a) PRINT FULL NAME John Werner

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May (Month) 23 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	9	10	hr. min.

9. Birthplace Highridge (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired 5 Years.

11. Industry or business Wholesale Gro. Salesman

FATHER
12. Name George Werner
13. Birthplace Highridge (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Highridge (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Martha Werner
(b) Address 4116a Hartford St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 5 (Day) 47 (Year)
(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Kriegshauser Und.Co
(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 4 1947 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1947 hour 5:50 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 1932, 19 to March 3rd, 1947; that I last saw him alive on March 2nd, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion per tonsil

Due to Chronic myocarditis 3 yrs.

Due to 93

Other conditions acute upper respiratory infection
(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature C. A. Baker (M. D. ~~or other~~) 0

Address 3353 Nebraska Ave. Date signed 3-4-47

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin S M Clermott

Licensed Embalmer No. 3034

P. O. Address.....

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.