

No. 300  
-10-47  
-17-39  
PI 3906

FILED NOV 12 1948

318

Primary Registration District No. 1008

1. PLACE OF DEATH:

(a) County..... St. Louis  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1446 Madison St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 54 years. (Specify whether years, months or days)

3: (a) PRINT FULL NAME Miss Anna Werner

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female / 5. Color 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 July 25th, 1873 (Month) (Day) (Year)

8. AGE: 75 Years 3 Months 2 Days If less than one day hr. min.

9. Birthplace New Jersey (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Jacob Werner 13. Birthplace Germany

14. Maiden name Anna Bowman 15. Birthplace Germany

16. (a) Informant Mrs Rose Solichal (b) Address 7122 South Wentworth - Chicago

17. (a) Burial (b) Date thereof 10-29-48 (c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co. (b) Address 2223 St. Louis Ave

19. (a) OCT 28 1948 (Date received local registry) J. B. Lavater (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1446 Madison St. 24 (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th year 1948 hour 8:50 AM minute M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to 94a

Other conditions (Include pregnancy within 5 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 (b) Signature Patrick E. Taylor Reg Cert. (c) Address 1300 Clark (d) Date signed 10-28-48

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

MOTHER FATHER

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**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 J. Allen Klavis  
Licensed Embalmer No. 4653  
P. O. Address 2223 St. Louis

**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.**