

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44202**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **3002**

1. PLACE OF DEATH a. COUNTY St Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY ST LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (in this place) 2 YEARS	o. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 4452		d. STREET ADDRESS (If rural, give location) 7709 BONHOMME ST
d. FULL NAME OF HOSPITAL OR INSTITUTION 7709 Bonhomme			4. DATE OF DEATH (Month) (Day) (Year) 12 26 54		
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle)	c. (Last) Werner	5. SEX M	
6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/5/1894	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY OOD JOBS	11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Ben Werner		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Rosie Werner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World I		16. SOCIAL SECURITY NO. 493-09-9718	17. INFORMANT'S SIGNATURE OR NAME Mami Werner		ADDRESS 7709 Bonhomme
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hypertension Cardio-nephritis		INTERVAL BETWEEN ONSET AND DEATH 7
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) nephritis			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4424
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1/10/54 , to 1/26/54 , that I last saw the deceased alive on 1/26/54 , and that death occurred at 10:00 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Edith Werner (Degree or title)			23b. ADDRESS 3136 Chestnut		23c. DATE SIGNED 12/27/54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1/30-54	24c. NAME OF CEMETERY OR CREMATORY National Cem.	24d. LOCATION (City, town, or county) (State) St Louis MO		
DATE REC'D BY LOCAL REG. 12-28-54		REGISTRAR'S SIGNATURE Herbert P. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Susan C Lewis ADDRESS 22 E. 4th St	

52 Licensed Embalmer's Statement on Reverse Side

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

300
4802
1

MAY 27 1935

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James B. Carter

Licensed Embalmer No. 4681

P. O. Address St. Louis 1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.