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

Do not use this space.

✓ 2914

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. Alexian Bros. Hospital St. ..... Ward)

File No. .....

Registered No. 500

2. FULL NAME Charles E. Werner.

(a) Residence. No. 4314 Nebraska Avenue St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Werner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 27.1861.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	11	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shipping Clerk. 83 75 3

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 1 year. 132

(c) Name of employer Simmons Hardware Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

14. INFORMANT Edward C. Werner
(Address) 4314 Nebraska Avenue

15. FILED JAN 14 1927 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3 1/13

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1927, to January 13, 1927 that I last saw him alive on Jan. 12, 1927, and that death occurred, on the date stated above, at 4:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 4:30 AM

Chronic Alcoholism

76 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uraemia due to general Paralysis of the Insane (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & clinical

(Signed) Chas. H. Weinsberg, M. D

1/13, 1927 (Address) 3132 Lafayette

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus Cemetery

DATE OF BURIAL Jan 16 1927

20. UNDERTAKER J. H. Gibbon Lan. H. Co

ADDRESS 2842 Meramec

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.