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

Do not use this space.

29106

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8695

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

City St. Louis Mo. (No. 4506 Minnesota St. ..... Ward)

2. FULL NAME Anna M. Werley

(a) Residence. No. 4506 Minnesota 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3 - 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	0	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Factory Work
(b) General nature of industry, business, or establishment in which employed (or employer) 92A 125B
(c) Name of employer 95B

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

PARENTS
10. NAME OF FATHER George Werley Sr.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
12. MAIDEN NAME OF MOTHER Mary Metzger.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT John E. Knierlin
(Address) 4506 Minnesota Ave.

15. FILED SEP 30 1927 19 Mar C Starr Cof REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Sep. 12, 1927, to Sep. 29, 1927 that I last saw her alive on Sept 29, 1927 and that death occurred, on the date stated above, at 2:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic endocarditis with dilatation of the heart under my observation for about 20 y. last stage (duration) yrs. mos. 17 ds.

CONTRIBUTORY (SECONDARY) terminal congestion of lungs, liver etc. due to (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Chronic Endocarditis

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical observation

(Signed) Dr. H. Toepper

9/30, 1927 (Address) 3341 California

*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 St. Trinity Lutheran — DATE OF BURIAL Oct. 1 - 1927

20. UNDERTAKER Ziegenheim Bros. 2623 — ADDRESS Cherokee

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.