NOV 1 1928

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

Do not use this space.

31558

1. PLACE OF DEATH
County St. Louis
Township Central
City
Registration District No. 757 6033
Primary Registration District No.
(No.) 1277 Wagner Terrac St. (Ward)
File No.
Registered No. 279

2. FULL NAME Mary Werland
(a) Residence. No. 1277 Wagner Terrac 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: Female
4. COLOR OR RACE: White
5. ~~Single, Married~~, Widowed or ~~Divorced~~ (write the word): Widowed

5A. If ~~Married~~, Widowed, or ~~Divorced~~ ~~Husband~~ of (or) Wife of Henry Werland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29 1857.

7. AGE: Years 71 | Months 23 | Days 20 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

PARENTS
10. NAME OF FATHER: Henry Rupple
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Canada
12. MAIDEN NAME OF MOTHER: Margaret Schnurr
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Canada

14. INFORMANT: Theodore Werland
(Address) 1277 Wagner Terrac

15. FILED 9/21, 1928 Alex Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928 to Sept 19, 1928 that I last saw her alive on ___, 19___, and that death occurred, on the date stated above, at 11.45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(3) Chronic Parenchymatous Nephritis
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Hard Know
(duration) ___ yrs. ___ mos. ___ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1290
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) Paul Rensterhoff M.D.
9/20, 1928 (Address) 5489 Arlington

*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: Calvary Cem.
DATE OF BURIAL: Sept. 22 1928.

20. UNDERTAKER: Jos. W. Clark.
ADDRESS: 1125 Hodiamont Ave.

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible]
5419 [illegible]
Cost [illegible] 90[illegible]