

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

Do not use this space.

34744

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township Central Primary Registration District No. 6248X
 City Richmond, Mo. (No. St. Marys Hosp) St. _____ Ward _____

File No. _____
 Registered No. 240
 St. _____ Ward _____

2. FULL NAME G. Le Roy Werner

(a) Residence. No. 3812 Sullivan Ave. St. Ward. _____
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 15 - 1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	20	8	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Clerk.
 (b) General nature of industry, business, or establishment in which employed (or employer). Proctor & Gamble
 (c) Name of employer _____

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

10. NAME OF FATHER Geo. L. Werner

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

12. MAIDEN NAME OF MOTHER Louise Pape

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

14. INFORMANT Geo. L. Werner
 (Address) 3812 Sullivan Ave.

15. FILED 10/17, 1928 C. L. Jensen
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16th 1928

17. I HEREBY CERTIFY That I attended deceased from _____ to _____, 1928, and that I last saw him alive on Oct 15th 1928 and that death occurred, on the date stated above, at 1:20 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apparent heart failure + peritonitis + intestinal obstruction
1218
1228
129
 CONTRIBUTORY (SECONDARY) apparent heart failure + peritonitis
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1170
 IF NOT AT PLACE OF DEATH.

Did AN OPERATION PRECEDE DEATH. DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) W. Hamilton M. D.
 , 19 (Address) Missouri

*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 Zions **DATE OF BURIAL** Oct 18 1928

20. UNDERTAKER Hy Liedner and Co St. Market
 ADDRESS 1417

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.

22 1928

WRITE PRINTED WITH CARE

Mrs. Jensen

1511 Bellview Dr