WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

10 10 2 206

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

Do not use this space.

16798

1. PLACE OF DEATH

County ..... Registration District No. 781

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

City St. Louis (No. 5505 Cates Ave. St. ..... Ward)

File No. 4918

Registered No. .....

2. FULL NAME Percy Werner

(a) Residence. No. 5505 Cates, St., Ave. Ward. 5
(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 Nina Werner

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71.	5.	29.	

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

9. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Frederick Werner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Berlin,
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Hedwig Guhrauer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Berlin,
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs C. Werner
(Address) #5505 Cates Ave

15. FILED APR 30 1929 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28, 1929.

17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1926, to Apr 28, 1929 that I last saw him alive on Apr 28, 1929, and that death occurred, on the date stated above, at 8 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
92A
93C (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis + Mitral Stenosis (duration) 4 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 + Physical Examination

(Signed) W. P. Elmer, M. D.

4/29, 1929 (Address) 618 University Club Bldg.

*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	DATE OF BURIAL
Valhalla Crem	4-30, 1929

20. UNDERTAKER C. R. Lupton

ADDRESS Street Cline, #4449

Jefferson 8460.
1 — 3.