

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

Do not use this space.

31491

**1. PLACE OF DEATH**

County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City St. Louis (No. Christies Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Flouissant St. Route 2 Ward. Flouissant Mo  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 19 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Sept. 28 1930 that I last saw him alive on Sept. 19 1930 and that death occurred, on the date stated above, at 4:30 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 3 1875

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS 55 MONTHS 5 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Aortic Insufficiency

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

CONTRIBUTORY (SECONDARY) gaw (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED? \_\_\_\_\_ IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS (Signed) S. A. Van Doren M. D.

9/20 1930 (Address) 8313 Halls Ferry Rd

\*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 DATE OF BURIAL Sept. 22 1930

20. UNDERTAKER Walter Henry & Son ADDRESS 461 E. Fair Co

9. BIRTHPLACE (CITY OR TOWN) Jennings (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Henry Werner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Angie Ross Day

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs. Theresa J. Werner (Address) Flouissant, Mo

15. FILED 023 112 117 19 1930 REGISTRAR [Signature]

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

