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

Do not use this space.

38105

1. PLACE OF DEATH

County St. Louis — Registration District No. 791 1003 — File No. 11260

Township — Primary Registration District No. — Registered No.

City St Louis (No. City Infirmary St. Ward)

2. FULL NAME William Werley

(a) Residence. No. City Infirmary St., 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: M

4. COLOR OR RACE: Black

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Werley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt. - 1871

7. AGE: abt. 59 YEARS — MONTHS: Unknown — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(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): Kansas

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Mrs. Effinger (Address) City Infirmary

15. FILED NOV 28 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/22/30 19

17. I HEREBY CERTIFY, That I attended deceased from 10/30/30, 19, to 11/28/30, 19, that I last saw him alive on 11/22/30, 19, and that death occurred, on the date stated above, at 8.00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 9013

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? History Physical Findings

(Signed) Preston L. Hathcock, M. D

, 19 (Address) City Hosp.

*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: Father Dickson — DATE OF BURIAL: 11-29 1930

20. UNDERTAKER: L. D. Williams — ADDRESS: 3232 Pine

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.