

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

Do not use this space.

13981

1. PLACE OF DEATH

County..... Registration District No. 707
Township..... Primary Registration District No. 200
City St. Louis (No. Barner Hospital)..... St. Ward)

File No.
Registered No. 3284
St. Ward)

2. FULL NAME

Hugo - Fred Werner
(a) Residence, No. 2334 S. Compton St., 17 Ward.

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. (If nonresident, give city or town and State) Calif.

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) December 31-1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 3 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Joseph Werner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Rosa Wuebel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Ernie Werner
2334 S. Compton

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marys DATE 7/19/32

19. UNDERTAKER (ADDRESS) Jungheim Bros
268 W. Charlotte

20. FILED 1 PR - 1 1932 Max Starker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1932, to Apr 3, 1932
I last saw ~~him~~ alive on April 3, 1932. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Polycystic Kidney, bilateral
myocarditis, chronic
Hypertension
930
133B
102

Other contributory causes of importance:
133B
102

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) James E. Pittman, M. D.
(Address) Barner Hospital

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.

