

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

Do not use this space.

17470

1. PLACE OF DEATH

County..... Registration District No. 791
Township St. Louis Mo. Primary Registration District No. 1003
City St. Louis Mo. (No. 2323 Michigan Ave.)

File No.....
Registered No. 4374
St..... Ward)

2. FULL NAME

Marguerite O. Werber
(a) Residence, No. 2323 Michigan Ave. St., 17 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 9 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) St. Louis Mo. 1

13. NAME Wm St. Loost

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill. 2

15. MAIDEN NAME Charlotte Hoether

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) John F. Werber 2323 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Birkers DATE 5/5/32

19. UNDERTAKER (ADDRESS) Ziegler Bros. 2603 Michigan Ave.

20. FILED MAY -4 1932 Registrar. 5/5/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance

I last saw him..... alive on..... Death is said to have occurred on the date stated above, at 4:30 P.

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

Cerebral Apoplexy
82A
Other contributory causes of importance:
82A
7

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

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 No Injury
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Sign) J. W. Kemmer, M.D.
(Address) Dep. Comm

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.

