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.

NOV 10 1933

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

Do not use this space.

34410

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 B Registered No. 318

City Jefferson Barracks, (No. Veterans Administration Facility. St. Ward)

2. FULL NAME WERNER, John E.

(a) Residence, No. 4501 Maryland Ave., St., Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U. S., if of foreign birth? Unavailable mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	41	2	24	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unk.

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

FATHER

13. NAME Unavailable

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

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director Vet. Adm. Fac. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE 10-9 1933

19. UNDERTAKER (ADDRESS) Guy Mullen 4 V. 9 Lindell

20. FILED Oct 6 1933 L. C. Obrock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1930, to October 6, 1933

I last saw him alive on October 6, 1933. Death is said to have occurred on the date stated above, at 9:15 P.m.

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

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced, active C.	Unk.
Other contributory causes of importance: Cystitis, chr. tubercular	Unk.

Name of operation Clinical, physical, xray, laboratory Date of Was there an autopsy? No

What test confirmed diagnosis?

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) W. C. GIBSON, M.D. Manager, M. D.

(Address) Vet. Adm. Fac. Jeff. Brks., Mo.