

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

Do not use this space.

39391

JAN 26 1934
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PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township " Primary Registration District No. 3009
City " (No. Southeast Mo Hospital St. " Ward)

2. FULL NAME Charles Henry Werner Sr
(a) Residence, No. 731 Independence Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Emma Werner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 - 1865
7. AGE YEARS 68 MONTHS 2 DAYS 7 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Church
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) Pilsit mo

13. NAME Henry Werner

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

15. MAIDEN NAME Dorit Knapp

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

17. INFORMANT Martin Werner
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Dec 14 1933

19. UNDERTAKER Loring Pot N Co
(ADDRESS) Cape Girardeau, Mo.

20. FILED 12/12 1933 W. Kemp Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1933, to 12-12, 1933

last saw him alive on 12-12, 1933 Death is said

to have occurred on the date stated above, at 3:20 a.m.

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

730 Apoplexy
325 Arterial sclerosis
50 Myocarditis
50 Hypostatic pneumonia
4301 Nephritis

Date of onset Aug. 1933
?
?
12-11-33

Other contributory causes of importance: nephritis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

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) R. B. Ritter, M. D.

(Address) 735 Broadway
Cape Girardeau, Mo.

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.

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