

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

Do not use this space.

**1. PLACE OF DEATH**

County .....  
Township .....  
City St. Louis,

Registration District No. **791**  
Primary Registration District No. **1003**

File No. **18863**  
Registered No. **5376**

**2. FULL NAME**

(a) Residence, No. 4011 Delmar St. 19 Ward.

(If nonresident, give city or town and State)

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 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 E. A. Wernse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
58      2      11

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.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Montreal (STATE OR COUNTRY) Canada

13. NAME Wm. Hogg

14. BIRTHPLACE (CITY OR TOWN) Toronto (STATE OR COUNTRY) Canada

15. MAIDEN NAME Unknown Hutchins

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

17. INFORMANT E. A. Wernse (ADDRESS) 4011 Delmar St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE 5-31-1934

19. UNDERTAKER C. R. Lupton & Sons (ADDRESS) 4449 Glendale

20. FILED V 20 19 J. Bredeck Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 .1934

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1934, to \_\_\_\_\_, 19\_\_\_\_

I last saw her alive on May 28, 1934. Death is said to have occurred on the date stated above, at D. O. R. P. M.

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

Cerebral hemorrhage  
arterial hypertension

Date of onset May 28

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

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? no  
If so, specify ..... (Signed) Albert Z. Lansing, M. D.  
(Address) 3720 Washington Ave.

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.

JUN 19 1934

28

5-27-34

fe 9631  
1-5 P.m.

701