

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.

2230

JAN 14 1935

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

Do not use this space.

45164

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. City Hospital No. 107

File No.....
Registered No. 12321
St. Ward)

2. FULL NAME

Edward G. Werner

(a) Residence, No. 5068 Raymond Ave. St. 17 Ward.
(Usual place of abode) (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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9-1893
7. AGE YEARS 41 MONTHS 2 DAYS 18
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Shoe Salesman
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 19 1/2

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
13. NAME George Werner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
15. MAIDEN NAME Rose Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mabel E. Werner 5068 Raymond
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 12/29 1934

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly 3840 Maple St.
20. FILED 23 1934 19 J. P. Bredek Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1934
22. I HEREBY CERTIFY That I attended deceased from 19 to 19
I last saw him alive on 19 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:
Fract. skull, subdural hemorrhage of brain, rec'd. in fall down stairs at residence at about 4 P.M. Dec. 23, 1934
Other contributory causes of importance: Accident

Name of operation Date of operation
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 12-23 1934
Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall
Nature of injury Fract. skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. P. Bredek, M.D.
(Address) 1728 1/2 St. St. Louis, Mo.

