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.

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

MAY 27 1936

Do not use this space.

16795

1. PLACE OF DEATH

County St. Louis — Registration District No. 789 — File No.

Central Township Normandy — Primary Registration District No. 6033 — Registered No. 134

City Pine Lawn, Mo. (No. 3718 Jennings rd. St. Ward)

Pine Lawn Hospital.

2. FULL NAME Walter Werremeyer,

(a) Residence, No. St. Charles, Mo. St., 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/20/1894

7. AGE: Years 42 — Months -- — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Trucker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hauling
10. Date deceased last worked at this occupation (month and year): Apr. 1936.
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Charles, Mo.

FATHER

13. NAME: Wm. Werremeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Charles, Mo.

MOTHER

15. MAIDEN NAME: Catherine Moeller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Charles, Mo.

17. INFORMANT (ADDRESS): Mrs. Irene Werremeyer, St. Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove Cem. DATE: 4/28/36, 19

19. UNDERTAKER (ADDRESS): Hackmann-Baue, 326 No. 6th St. St. Charles

20. FILED 4-27-, 1936 H A Boehmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/24/ 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:45 PM

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

Accident happened highway #77, near Lambert St. Louis Airport. (2 cars collided). Cause of death: Fracture of all upper cervical vertebrae (head injured). Fracture of rt. scapula and right clavicle.

Date of onset

Other contributory causes of importance:

Rt. upper 7 ribs anterior and posterior fractured sternum; compound comminuted fracture of both lower legs; multiple puncture of

Name of operation: Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? OVER 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 4/27/36

(Signed) Luke O. Turner, M. D.

(Address) 3718 Jennings Rd

Corner St. Louis, Mo.

lungs, caused by fracture of ribs with contusion and hemorrhage. Fracture of skull occipital region.
Sec; Internal and external hemorrhage; shock.

JAN 17 1945