

DEC 3 1936

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

Do not use this space.

42505

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**City **St. Louis**(No. **2327**)**Ann Ave**

File No.....

Registered No. **11072**

St. Ward)

2. FULL NAME **George Werner**(a) Residence, No. **2327 Ann Ave** St. **23** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **70** rs. mos. ds. How long in U. S., if of foreign birth? **70** rs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**4. COLOR OR RACE **White**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Josephine Werner**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 6 1857**7. AGE YEARS **79** MONTHS **4** DAYS **29** If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired Barber**

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) (STATE OR COUNTRY) **Germany**13. NAME **George Werner**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT **Josephine Werner** (ADDRESS) **2327 Ann Ave**18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **Nov 7th** 19 **36**19. UNDERTAKER **Thos Kuitert** (ADDRESS) **2906 Groveson**20. FILED **NOV 6 1936** **J. Brubaker** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 5th** 19 **36**22. I HEREBY CERTIFY, That I attended deceased from **July 20** 19**36** to **Nov. 5th** 19 **36**Last saw ~~him~~ alive on **Nov. 5th** 19 **36** Death is said to have occurred on the date stated above, at **4:30 a.** m.

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

Acute Bronchitis with Acute Bronch of pneumonia

Date of onset

10/26/36Other contributory causes of importance: **Chronic Interstitial Nephritis** **7/27/36**Name of operation..... Date of..... What test confirmed diagnosis? **Urinalysis** 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? **Yes** If so, specify.....(Signed) **H. B. Kupper** , M. D. (Address) **389 S. Broadway**

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.

