

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1002

City St. Louis

(No. 1325 So GRAND AVE)

File No. 43203

Registered No. 11780

St. _____ Ward _____

2. FULL NAME Hazel Werner

(a) Residence, No. 6203 Gravois REAR 2 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1936, to Nov. 27, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 15-1906

I last saw her alive on Nov. 27, 1936. Death is said to have occurred on the date stated above, at 4:30 P. m.

7. AGE YEARS 30 MONTHS 10 DAYS 17 If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book-keeper & office
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. office
10. Date deceased last worked at this occupation (month and year) Sept 1935 11. Total time (years) spent in this occupation 10

Pyonephrosis bilateral & complete destruction of left kidney & partial destruction of right kidney - no kidney stones
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto Mo

Other contributory causes of importance: Uremia

13. NAME GEORGE ASHER

Name of operation Drainage & irrigation Date of 4/25/36

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Mo

What test confirmed diagnosis? Cystoscopy Was there an autopsy? Yes

15. MAIDEN NAME Ollie Byers

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Ollie Asher (ADDRESS) 6203 Gravois

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marc's DATE Nov 30 36

Manner of injury _____

19. UNDERTAKER Henry L. Weidemuehler (ADDRESS) 6203 Gravois Ave

Nature of injury _____

20. FILED NOV 30 1936 J. Bredbeck Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) B. L. Smur, M. D.
(Address) 1325 So Grand

