

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

36461  
Do not use this space.

NOV 15 1937

791  
1003

Registered No. 10038

1. PLACE OF DEATH  
(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis..... (d) Street No. Alexian Bros. Hosp...... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Paul J. Werner  
(a) Residence, No. 5171 Eichelberger St. 14 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M  
4. COLOR OR RACE W  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophie  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1872  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
64 10 3  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Moving picture  
9. Industry or business in which work was done, as saw mill, bank, etc. machine operator  
10. Date deceased last worked at this occupation (month and year).....  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Tacoma  
(STATE OR COUNTRY) Washington

13. NAME Not known  
14. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known  
16. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Not known

17. INFORMANT Sophie Werner  
(ADDRESS) 5171 Eichelberger

18. BURIAL, CREMATION, OR REMOVAL  
PLACE SS. Peter Paul DATE 10/30/37

19. FUNERAL DIRECTOR John L. Ziegenhein & Sons  
(ADDRESS) 7027 Gravois Avenue

20. FILED OCT 29 1937  
J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16 1937 to Oct. 27 1937  
I last saw him alive on Oct. 27 1937. Death is said to have occurred on the date stated above, at 1 P. m.  
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset 10/24/37  
Chr. Myocarditis 9/10/37  
Bronchial Asthma several yrs

Other contributory causes of importance:  
None

Name of operation None Date of operation.....  
What test confirmed diagnosis? Clinically, microscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury.....  
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) T. E. McParke, M. D.  
(Address) 3547 W. Young

STATEMENT BY LICENSED EMBALMER

I, Clarence P. Kidwell, Licensed Embalmer No. 3877  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Clarence P. Kidwell  
Licensed Embalmer No. 3877

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**