

REC'D MAR 14 1938

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

5056

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **1701**
 (c) City St. Louis Mo. (d) Street No. en route City Hosp. #1, St. Mo.
 (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

Henry Warner ⁶⁵ Also known as Henry E. Vernier ⁶⁵
 (a) Residence, No. 702nd N. 4th St. 25 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 ✓ ✓

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Chief
 9. Industry or business in which work was done, as 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) Switzerland 7FATHER 13. NAME Unknown 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9MOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Ernest Prodoliet(ADDRESS) Swiss Consul, Ambassador Bldg.18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 2-17-38 1919. FUNERAL DIRECTOR Mullen Bros(ADDRESS) 7259 Lindell20. FILED FEB 17 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1938

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 4.30 P.M.

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

Coronary Occlusion;Other contributory causes of importance: Arteriosclerosis.

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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..... See above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ifIf so, specify Arteriosclerosis(Signed) W. H. Perry(Address) Deputy Coroner

