

REC'D JUN 9 1938

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

16651  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008**  
(c) City **St. Louis, Missouri** Street No. **City Sanitarium** St.  
(e) Length of residence in city or town where death occurred **16** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **George Werner**

(a) Residence, No. **3400 S. Grand Blvd.** St. **16**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widower**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 16, 1858**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**80 1 29**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Farmer**  
10. Date deceased last worked at this occupation (month and year) **Unknown** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

MOTHER 15. MAIDEN NAME **Don't know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**

17. INFORMANT (ADDRESS) **Hubert P. Smith 5400 Arsenal**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter & Paul Cem.** DATE **May 18-1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **J. H. Gebert & Co. 2342 Meramec St.**

20. FILED **MAY 17 1938** **J. E. Bredes Local Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-15-38**, 19

22. I HEREBY CERTIFY, That I attended deceased from **1-25-37**, 19 **5-15-38**, 19  
I last saw him alive on **5-15-38**, 19 Death is said to have occurred on the date stated above, at **5:45 P.M.**

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

**Broncho-pneumonia 5-14-38** Date of onset  
**Chronic Myocarditis 1937x**

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.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) **Hubert P. Smith** M. D.  
(Address) **5400 Arsenal**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

**Herman A. Gebken**

, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Herman A. Gebken*

Licensed Embalmer No. **2120**

P. O. Address **St. Louis, Mo.**

**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.)**

**If this body is not embalmed, above space should be left blank.**