AUG 1 1938

REC'D AUG 9 1938

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

Do not use this space.

26546

1. PLACE OF DEATH

County Saint Louis — Registration District No. 784 — File No.

Township Carondelet — Primary Registration District No. 200 — Registered No. 1289

City ~~Jefferson Barracks~~ (No. ..... St. ..... Ward)

2. FULL NAME WERNER, Joseph A. Veterans Administration Facility

(a) Residence, No. 1504a North 39th Street St., ... Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

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

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) May 21, 1884

7. AGE: YEARS 54 — MONTHS 2 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
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) Saint Louis, Missouri.

FATHER

13. NAME Joseph Werner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri

MOTHER

15. MAIDEN NAME Gusta Seibert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri

17. INFORMANT (ADDRESS) Clinical Clerk, VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Aug. 2 1938

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 So. Broadway

20. FILED AUG 1 1938 T. R. Meyer M. D. D. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938, to July 29, 1938

I last saw him alive on July 29, 1938. Death is said to have occurred on the date stated above, at 4:20P m.

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

	Date of onset
Pneumonia, Lobar, Acute	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy findings Was there an autopsy? YES

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? no

If so, specify

(Signed) John O'Connell, M. D.

(Address) Coroner of St. Louis County, Mo.

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.