

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME George V. Werner

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Emily 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 7 1856  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>3</u>	<u>15</u>	hr. _____ min _____

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery clerk

11. Industry or business \_\_\_\_\_

12. Name Phillip Werner

13. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward Werner

(b) Address 3171a South Grand

17. (a) Burial (b) Date thereof 3/25/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem

18. (a) Signature of funeral director John J. Ziegenfuss

(b) Address 7027 Gravois

19. (a) MAR 25 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 16  
(If outside city or town limits, write "RURAL")

(d) Street No. 3171a South Grand Blvd.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1940 hour 4 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from May 19  
\_\_\_\_\_, 1940, to March 22, 1940;

that I last saw him alive on March 22, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration 4 days

Due to Post Operative Shock

Due to Operation for open reduction of neck of femur by Dr. Werner

Due to Broken hip

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Fracture Neck of Femur

Of operations: Open Reduction

Of autopsy: As per death

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Fall in his home

(b) Date of occurrence 3-18-40

(c) Where did injury occur? His home St. Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? No (Specify type of place)

(e) Means of injury Fall

23. Signature Arnold S. Klein (M. D. or other)

Address 2632 Lafayette Date signed 3/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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**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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *B. P. Kidwell*.....

Licensed Embalmer No..... *3877*.....

P. O. Address..... *6937<sup>a</sup> Gravois*.....

**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.**