

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MAR 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5403

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1651**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 days**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17/6**
(d) Street No. **3817 Fairview**
(If rural, give location) **9**
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME **Mr. Herman Werner**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Emma Werner** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **February 12, 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 **0** **7** hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Merchant**

12. Name **Unknown**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a)* Informant **Edward Werner**
(b) Address **3817 Fairview**

17. (a) **Burial** (b) Date thereof **2/24/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (e) Signature of funeral director **Edith E. Ambruster**
(b) Address **4234 Manchester**

19. (a) **FEB 20 1941** (b) **J. N. Bredeck**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **19**
year **1941** hour **6⁰⁰** p.m. minute M.

21. I hereby certify that I attended the deceased from **1-27-41**
19..... to **2-19-41**, 19.....
that I last saw him alive on **2-19-41**, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Septicemia - organism not 1 yet established 2 days

Due to **Pyelonephritis**

Due to **61**

Other conditions **Diabetes mellitus**
(Include pregnancy within 3 months of death)

Major findings: **Amputation of left leg**
Of operations for diabetic gangrene
Of autopsy..... **59**

Duration
2 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **Howard R. Bierman, M.D.** (M. D. or other)
Address **BARNES HOSPITAL** Date signed.....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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, fact should be so stated above.