No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 39568

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 2305

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

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Webster Groves (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 58 Webster Acres (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 30 yrs. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis 096

(c) City or town Webster Groves (If outside city or town limits, write "RURAL") 7

(d) Street No. 58 Webster Acres (If rural, give location) 4

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Werner

3. (b) If veteran, name war World War

3. (c) Social Security No. 488-01-5371

4. Sex male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Genevieve

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Nov. (Month) 20 (Day) 1891 (Year)

8. AGE: Years 49 Months 11 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Litchfield (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Treasurer

11. Industry or business Department Store

FATHER
12. Name Lewis Werner
13. Birthplace Litchfield (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Betsy Bollman
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Genevieve Werner

(b) Address 58 Webster Acres

17. (a) ..... (Burial, ~~cremation, or removal~~) (b) Date thereof 11-17-41 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director John L Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) NOV 17 1941 (Date received local registrar) (b) C. G. McGavran M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 13 year 1941 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Oct 13 1941, 19..., to May 13 1941, 19..., that I last saw him alive on May 13 1941, 19..., and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Nephritis Chronic (Nephrosclerosis, Uremia) | |
| Due to Hypertension | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W H Olmsted (M. D. or other)

Address 3720 Washington Date signed 11/15/41

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1941

DEC 20 1941

## 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.....C. P. Kidwell.....

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

P. O. Address.....7027 Gravois.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**