7. S. No. 2
50M—5-42
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42115

State File No. 42115

FILED JAN 15 1943

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 2584

96 0 0

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St. Louis Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 722 Erskine ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Lemay
(If outside city or town limits, write "RURAL")
(d) Street No.: 722 Erskine ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Henry Werner

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Louise C. Werner

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: October (Month) 8 (Day) 1876 (Year)

8. AGE: Years 66 Months 1 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace: Mehlville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Nil

11. Industry or business:

FATHER
12. Name: Charles Werner
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Keller
15. Birthplace: Germany 4 (City, town, or county) Louisiana (State or foreign country)

16. (a) Informant: Louise Werner
(b) Address: 722 Erskina ave. Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 10, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Johns Cem.

18. (a) Signature of funeral director: C. Hoffmeister U.A.L.Co.
(b) Address: 7814 S. Broadway

19. (a) DEC 8 - 1942 (Date received local registrar) (b) E. G. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 7 year: 1942 hour: 2 minutes: 30 a.m.

21. I hereby certify that I attended the deceased from October 20, 1941 to Dec 7, 1942 that I last saw him alive on Dec 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of rectum	2 yrs
Due to	
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: Roy C. Schaefer (M. D. or other)
Address: 7747 Ivory Date signed: 12/8/42

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(Licensed Embalmer's Statement on Reverse Side)

Dr. R. C. Griffiths

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 Lewis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.