No. 2
—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42715

Registration District No. 161

Primary Registration District No. 5594

Registrar's No. 15-90

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town ~~HIGH RIDGE Mo~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Mercantile (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 40 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JEFFERSON

(c) City or town RURAL — HIGH RIDGE (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CHRISTIAN 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 WIDOWER

6. (b) Name of husband or wife Elizabeth Bohlen

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

7. Birth date of deceased JAN. (Month) — 1 (Day) — 1869 (Year)

8. AGE: Years 74 Months 10 Days 17 If less than one day hr. min.

9. Birthplace HIGH RIDGE (City, town, or county) MO (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business OWN BUSINESS

FATHER
12. Name CHRISTIAN WERNER
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name Maria Hausen
15. Birthplace Thuringen (City, town, or county) Germany (State or foreign country)

16. (a) Informant Geo Allsmeier

(b) Address High Ridge, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov 21-43 (Month) (Day) (Year)

(c) Place: burial or cremation St MARTIN'S CEM. HIGH RIDGE Mo

18. (a) Signature of funeral director [signature]

(b) Address House Springs Mo.

19. (a) 21 Nov 1943 (Date received local registrar) (b) J. A. Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1943 hour 9 minute 57A M.

21. I hereby certify that I attended the deceased from 19 Sept 1943, to 18 Nov 1943, that I last saw h alive on 18 Nov 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 Mo's

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

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 James A. Townsend (M. D. or other)

Address House Springs Mo Date signed 11/22/43

(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1945

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 John H Brummer

Licensed Embalmer No. 1470

P. O. Address House Springs Mo

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.