S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15699

FILED MAY 21 1945

Registration District No. 18 Primary Registration District No. 1003 Registrar's No. 4110

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony Hospital (If not in hospital or institution, write street number or location) 6
(d) Length of stay: In hospital or institution 1 Mo. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Genevieve
(c) City or town Lawrenceton, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES J. WERNER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PHILOMENA ROTH
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased MAR. (Month) 27 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
64	1	9	hr. min.

9. Birthplace LAWRENCETON (City, town, or county) Mo (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
12. Name GEORGE WERNER (Father)
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name MARY GUETHLE (Mother)
15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
16. (a) Informant Amos Werner
(b) Address Lawrenceton Mo
17. (a) BEMOVAL (Burial, cremation, or removal) (b) Date thereof 5-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation LAWRENCETON, MO
18. (a) Signature of funeral director Leo C. Bosler
(b) Address Ste. Genevieve Mo
19. (a) MAY 9 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6, year 1945 hour 7:10 minute 15 P.M.
21. I hereby certify that I attended the deceased from April 2, 1945, to May 6, 1945, that I last saw h. alive on May 6, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration
Due to Pyelonephritis non-calculous
Due to Prostatectomy 27
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operation Enlarged Prostate removed.
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 Elmer E. Lytton (M. D. or other)
Address Paul Brown Bldg. Date signed 5/8/45
St. Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

4110

4110

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.....

Licensed Embalmer No. 347

P. O. Address 4911 Washington

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.