

FILED JAN 11 1945 318

State File No. _____
Registrar's No. 11607

Registration District No. _____ Primary Registration District No. _____

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:
4604 Virginia Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution home (Specify whether years, months or days)

3. (a) PRINT FULL NAME VALERY-A-WERGES
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 single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years
7. Birth date of deceased June 15 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 6 15 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name William Werges
13. Birthplace unk. 4
(City, town, or county) (State or foreign country)

14. Maiden name Valeria Paprocky
15. Birthplace unk. 7
(City, town, or county) (State or foreign country)

16. (a) Informant Valeria Werges
(b) Address 4604 Virginia Ave.

17. (a) Burial (b) Date thereof 1-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Helen Imbierowicz
(b) Address 5401 So Grand Blvd. J

19. (a) DEC 31 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 009 17 15
(c) City or town St. Louis Mo. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4604 Virginia Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 30
year 1945 hour 7 minute 56 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot Wound of Head
9" Brain Self Inflicted with the Gun while
near of his home at 4604 Virginia
Dr. on Dec 30 1945.

Second while suffering from
Temporary Mental Abnormality

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:
(c) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Dec 30 1945

(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Part of Home

(Specify type of place) _____
While at work? _____ (e) Means of injury gun

23. Signature Albert E. Jany 3 (M.D. or other)
12/22 Date signed 12/24/45

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Henry M Brammer*
Licensed Embalmer No. *4200*
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.