

FILED MAY 27 1946
Registration District No. 318

Primary Registration District No. 1003

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Henry C. Wernet

3. (b) If veteran, name war. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased December 15 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 5 0 hr. min.

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

10. Usual occupation Butcher

11. Industry or business

12. Name Jacob Wernet

13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Pfeiffer

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

16. (a) Informant Mrs. Frances Wernet

(b) Address 107 Lemay

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 5/18/46
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) MAY 17 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Lemay (If outside city or town limits, write "RURAL") NR 10
(d) Street No. 107 Lemay (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1946 hour 6.50 minute P.

21. I hereby certify that I attended the deceased from Feb 15th
1946 to May 15th 1946
that I last saw him alive on May 15th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Occlusion
Arterial Infarction

Due to Cerebral artery Disease

Due to based on primary

Arterio Sclerosis

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 William F. Williams

Address 3615 S. Grand Blvd. Date signed 16 May 46

STATEMENT BY LICENSED EMBALMER

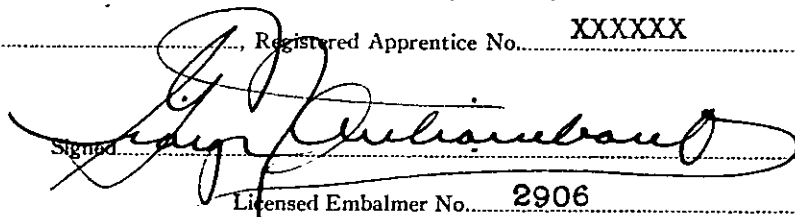
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

....., Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed


.....

Licensed Embalmer No. **2906**

P. O. Address **7128 Michigan Ave.**

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.