S. No. 2
M—5-43
5-17-39
I X36671

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. 31215

FILED SEP 17 1946

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 143

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1006 N. Benton Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Jacob Wernart
3. (b) If veteran, name war NIL
3. (c) Social Security No. 500-16-2278
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 30 1883 (Month) (Day) (Year)
8. AGE: Years 62 Months 9 Days 10 If less than one day hr. min.
9. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Plumber helper
11. Industry or business
FATHER
12. Name Jacob Wernart
13. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Anna Boschert
15. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Miss Caroline Wernart
(b) Address 1006 N. Benton-St.Charles, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 13-1946 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Borromeo St. Charles, Mo.
18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.
(b) Address 800 N. 2nd-St.Charles, Mo.
19. (a) Sep. 13/46 (Date received by local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day September year 1946 hour 1:08 minute A M.
21. I hereby certify that I attended the deceased from Sept 8, 1946, to Sept 10, 1946; that I last saw him alive on Sept 10, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal Obstruction (High)	4 days
Due to Incarcerated inguinal (right) hernia	
Due to	
Other conditions Rheumatic heart Disease (Include pregnancy within 3 months of death)	20yrs

Major findings:
Of operations 95B
Of autopsy Intestinal obstruction (High) Rheumatic Heart

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 George E Kistler (M. D. or other) MD
Address St Charles Mo Date signed Sep 12

284 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number 9-46-134
Date Filed 9-16-46

OCT 30 1946

OCT 1 1946
OCT 30 1946

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 Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St Louis

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.