. S. No. 2
DM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 18323

Registrar's No. 1269

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Elms Convalescent Home 4
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Jennings 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2520 Mc Laren 0
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME William H. Werne

3. (b) If veteran, name war .....

3. (c) Social Security No. 702-05-2679

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased July (Month) 24 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	9	25	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation Retired R. R. Engineer

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) England (State or foreign country) 4

16. (a) Informant James Broome
(b) Address 8726 Emily Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Meth. Hermann & Son, Inc.
(b) Address 2161 E. Fair Ave

19. (a) 5-21-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature) MSO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1948 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from April, 1948, to May 18, 1948;
that I last saw her alive on May 18, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Throat (Suffocation)	?
Due to	
Due to 45	
Other conditions Arthrosclerosis + Senile dementia (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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 W. Arlington MD (M. D. or other)
Address 8201 N Broadway Date signed 6/14/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Buchholz

Licensed Embalmer No. 2110 S

P. O. Address St. Louis, 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.