

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

37590

**1. PLACE OF DEATH**

County Jefferson Registration District No. 420 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 5574 Registered No. 171  
City Royal (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Gertrude Wargen  
(a) Residence No. 2006 S. Beard St. St. Louis Mo Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of William Wargen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-7<sup>th</sup> 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
27

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Home wife 2670  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_ 2670  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Adolph Hicke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT William Wargen  
(Address) 2006 S. Beard St.

15. FILED Mo 24 1927 W. D. Ruggly REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 30<sup>th</sup> 1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
Crowners Inquest 1927  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 1927, and that death occurred, on the date stated above, at \_\_\_\_\_ 10-N-2 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Multiple fracture of skull caused by traffic striking & ceased while on the gne. bridge of Mo. Pac. R.R.  
(duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

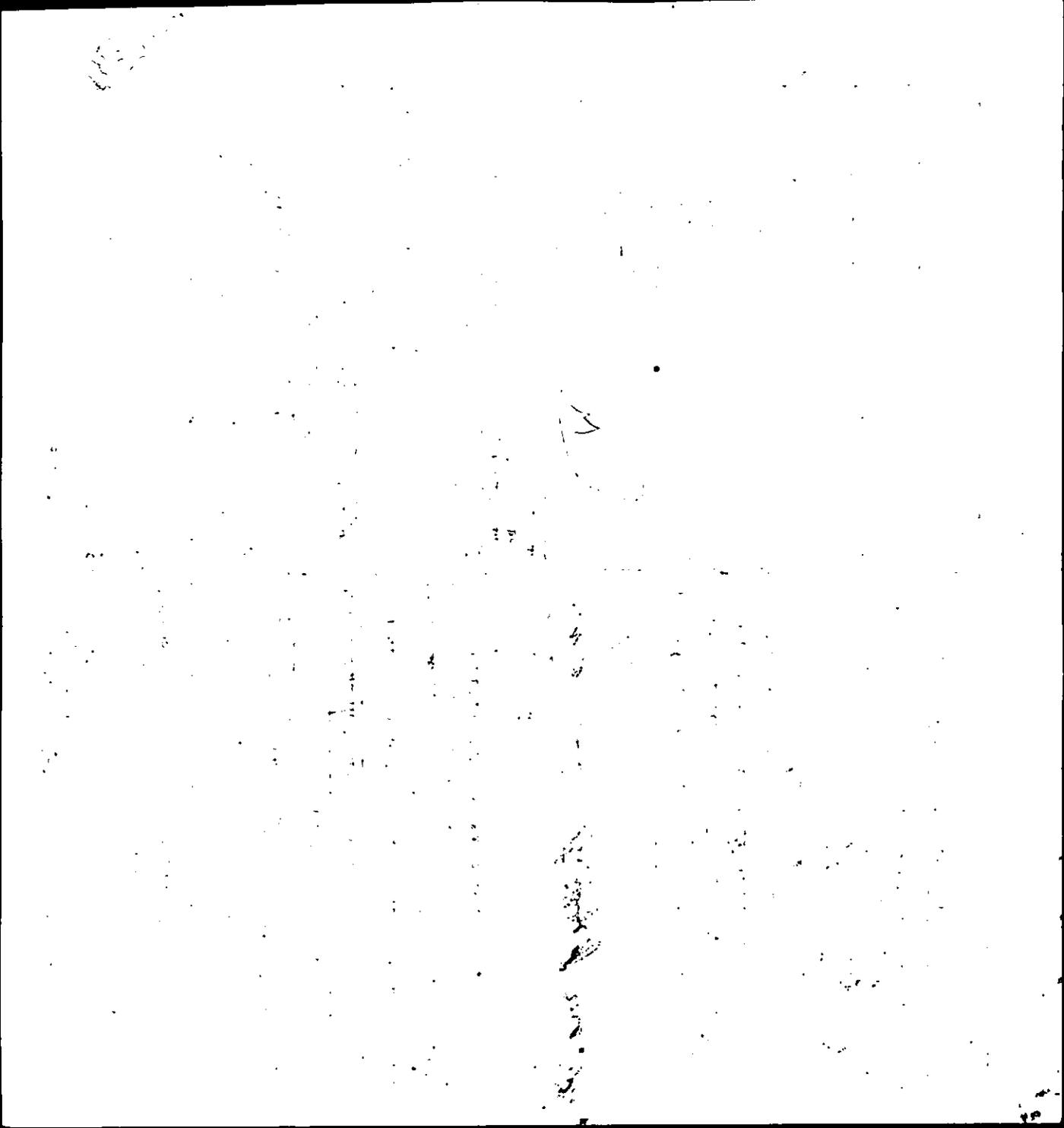
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Crowners Inquest  
(Signed) Walter G. ... M. D.  
171 1927 (Address) Beard St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter's and St. Louis Mo DATE OF BURIAL Oct 27 1927

20. UNDERTAKER Wickland Co ADDRESS St. Louis Mo



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ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jefferson  
Township Waller  
City St. Louis (No. ....)

Registration District No. 4-20  
Primary Registration District No. 3-374

File No. ....  
Registered No. 121  
St. .... Ward)

**2. FULL NAME**

Gertrude Daiges

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 4/6 1938 D. H. Ruggley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1929

17. I HEREBY CERTIFY That I attended deceased from 19... 19... that I last saw h. .... alive on 19... and that death occurred, on the date stated above, at ..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Multifocal fracture of skull caused by train striking  
deceased  
Automobile was not  
involved in this case  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 1880  
DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) ..... M. D.  
, 19 (Address) 200

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Paul + Peter Church DATE OF BURIAL 11/22 1929

20. UNDERTAKER Wm. H. and Co. St. Louis ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

S-37590

REPORT OF SPECIAL AGENT IN CHARGE

TO DIRECTOR, FBI (100-37590)

FROM SAC, [illegible]

DATE [illegible]

RE [illegible]

[illegible]

CLASSIFICATION: UNCLASSIFIED

DATE OF REPORT [illegible]

BY [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]