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

Do not use this space.

38580

File No. 10977

Registered No.

Registration District No. 1003

Primary Registration District No.

791

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. Christian Hosp St. Ward)

2. FULL NAME Louis L. Wadsack

(a) Residence. No. 2815 St Louis Ave St. 20 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20 - 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	74	10	18	

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

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

PARENTS

10. NAME OF FATHER Casp. Wadsack.

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

12. MAIDEN NAME OF MOTHER Dont know.

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

14. INFORMANT Charles Wadsack
(Address) 2815 St Louis Ave.

15. FILED NOV 11 1929 Mary C Hartley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1929, to Nov 8, 1929 that I last saw him alive on Nov 8, 1929, and that death occurred, on the date stated above, at 11 22 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

Hemiplegia Apoplectic (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Paralysis Hemiplegia (duration) yrs. mos. 7 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?

(Signed) Joseph Gill M. D.
Nov 9 1929 (Address) 3636 Shenandoah

*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. Peters — DATE OF BURIAL Nov. 12 1929

20. UNDERTAKER Hy Leidner Und Co — ADDRESS 1417 N. Market St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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