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.

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

Do not use this space.

30682

1. PLACE OF DEATH

County ..... Registration District No. 75

Township ..... Primary Registration District No. ..... File No. .....

City St. Louis (No. 500 S. Kingshighway St. Louis Children's Hospt. St. ..... Ward) Registered No. 8354

2. FULL NAME Wallace Gene Degischer

(a) Residence, No. 4th St. ~~Madison~~ St., 12 Ward. Madison Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 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)
M	W.	Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-13-32

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granite City, Ill. 2

FATHER

13. NAME Huitt Degischer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Ill

MOTHER

15. MAIDEN NAME Lily Dorr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Venice, Ill.

17. INFORMANT (ADDRESS) J. McGlvin 416 S. Kingshighway

18. ~~BURIAL, CREMATION,~~ OR REMOVAL PLACE Madison Ill DATE Sept 17 1932

19. UNDERTAKER (ADDRESS) J. F. Lahey Madison Ill

20. FILED SEP 17 1932 Max C. Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-29-32, 19..., to 9-17-32, 19...

I last saw him alive on 9-17-32, 19..... Death is said to have occurred on the date stated above, at 4:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida with Myelomeningocele	Birth
157B	
119B	
8/19	

Other contributory causes of importance:

Diarrhea, Acute	4 days
Otitis Media, acute	4 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. C. Taylor, M. D.

(Address) 500 So. Kingshighway