

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

Do not use this space.

**21087**

File No. **4836**

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **4701**  
Township \_\_\_\_\_ Primary Registration District No. **2523**  
City **St. Louis** (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

**Aina Wurdisch**  
(a) Residence, No. **3414 N. 14th St.** St. **26** Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <i>Female</i>	<b>4. COLOR OR RACE</b> <i>White</i>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> <i>Widow</i>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <i>June 10th 1889</i>		
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>
<i>48</i>	<i>-</i>	<i>11</i>
<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b>		<b>11. Total time (years) spent in this occupation</b>
<i>Housework</i>		<i>23</i>
<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>		<b>10. Date deceased last worked at this occupation (month and year)</b>
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <i>Austria Hungary</i>		
<b>13. NAME</b> <i>John Bendel</i>		
<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <i>Austria Hungary</i>		
<b>15. MAIDEN NAME</b> <i>not known</i>		
<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <i>Austria Hungary</i>		
<b>17. INFORMANT (ADDRESS)</b> <i>Mrs Nemeth 3414 N 14th St</i>		
<b>18. BURIAL, CREMATION, OR REMOVAL</b>		
<b>PLACE</b>	<b>DATE</b>	
<i>Cabary</i>	<i>June 6 1933</i>	
<b>19. UNDERTAKER (ADDRESS)</b> <i>Edward Wachs 3526 N 14th St</i>		
<b>20. FILED</b> <i>JUN - 2 1933 J. H. Bredeck Registrar</i>		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *6-2*, 19*33*

**22. I HEREBY CERTIFY**, That I attended deceased from *Apr 8*, 19*33* to *June 2*, 19*33*  
I last saw him alive on *June 2*, 19*33*. Death is said to have occurred on the date stated above, at *11:30 a.m.*  
The principal cause of death and related causes of importance were as follows:  
*Chronic Alcoholic Cirrhosis of the Liver - Metastatic*  
Date of onset *12/4/31*

Other contributory causes of importance: *1749*

**Name of operation** *none* **Date of** \_\_\_\_\_  
**What test confirmed diagnosis?** *lab* **Was there an autopsy?** \_\_\_\_\_

**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) *J. H. Kessler*, M. D.  
(Address) *3512 N 14th 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.

WHATEVER PRINTING WITH OVERTHICK INK—THIS IS A PERMANENT RECORD

