

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

Do not use this space.

38588

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003** File No.....
 City **St. Louis** (No. **4967** - **Kemper Park**) (St. _____ Ward) Registered No. **10256**

2. FULL NAME

(a) Residence, No. **4967** **Kemper Park** St., **131** Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 28**, 19**33**

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

22. I HEREBY CERTIFY, That I attended deceased from **July 5**, 19**33**, to **Nov 28**, 19**33**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr 21 - 1869**

I last saw him alive on **Nov 28**, 19**33** Death is said to have occurred on the date stated above, at **11:30** a.m.

7. AGE YEARS **64** MONTHS **7** DAYS **7** If LESS than a day, hrs. or min.

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

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

Date of onset **Jan 1933**

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

930 **gastrointestinal** **Fatty degeneration of liver**

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

Other contributory causes of importance:

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

gastrointestinal

MOTHER FATHER 13. NAME **Wm Schermann**

gastrointestinal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

Name of operation **no** Date of **no**

15. MAIDEN NAME **Wideman**

What test confirmed diagnosis **clinical** Was there an autopsy? **no**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT **Fred Wolfsberger** (ADDRESS) **4967 Kemper Park**

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

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Pauls Churchyard** DATE **Dec 1, 1933**

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

19. UNDERTAKER **Wackerzfelde** (ADDRESS) **2331 S. Broadway**

Manner of injury _____ Nature of injury _____

20. FILED **23 1933** **J. F. Bredeck** Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) **F. H. Schermann**, M. D.

(Address) **2919 B. K. Hwy 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.

WHITE PAINCY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JULY 9 1934

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