WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

OCT 11 1934

Do not use this space.

V 34348

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 9141

Township ..... Primary Registration District No. 1003 ..... Registered No. 9141

City St. Louis (No. Mo. Baptist Sant. St. ..... Ward)

2. FULL NAME Bertha Wamsganz.

(a) Residence, No. #5351 Vernon St. Ave. Ward. 5
(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 Female. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 14, 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
73.	11.	X	

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. At Home.

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) St. Louis, Mo.

FATHER

13. NAME John Wamsganz.

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

MOTHER

15. MAIDEN NAME Catherine Boelker

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

17. INFORMANT (ADDRESS) Mrs Brown. 55 Arundel, Pla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Tem. DATE 9-15-1934

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons #4449 Olive St.

20. FILED [illegible], 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 1st, 1930, to Sept 14th, 1934

I last saw her alive on Sept 14th, 1934 Death is said to have occurred on the date stated above, at 12:20 a m.

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

Myocarditis (Chronic) — Date of onset

Other contributory causes of importance:

Nephritis — Ordinic

Name of operation — Date of —

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

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

Accident, suicide, or homicide? no 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? no

If so, specify .....

(Signed) A. H. Hamel, M. D.

(Address) 1460 So Grand Ave. St Louis Mo

1460 S. Grand
Gr. 0775
1-2 30 Pl.

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

St Louis City

9141

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Bertha Wanisganz

Who died at Mo Baptist Sanit on Sept 14 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, ~~married, widowed or divorced~~: _____

Date of birth _____ Age: Years 73 Months 11 Days 0

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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

Myocarditis Chronic

Date deceased last worked at this occupation; Month _____ Year _____

Birthplace (State or country) Oedema nephritis Chronic

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

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

If so, specify _____

Name of physician A. H. Homal

Address of physician 1460 So Grand.

Signature of Registrar J. F. Bredeck **Date filed** Oct 31 - 34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh

State Registrar

Special Agent.

Reg. Dist. No.

Primary Reg. Dist. No.

S-34348