

DEC 13 1934

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

Do not use this space.

41421

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. City Hospital).....
St. _____ Ward _____

File No.....
Registered No. 11409
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2917 W. Market St. Ward 21.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 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) May 3rd 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 4 days,hrs. ormin.
<u>27</u>	<u>6</u>	<u>5</u>	<u>20</u>	<u>10</u>

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. Labourer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER, FATHER

13. NAME Tom J. Wigge

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

15. MAIDEN NAME Susie Wigge

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

17. INFORMANT July Gaudes (ADDRESS) 2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE 12-1-1934

19. UNDERTAKER Harris & Lorie (ADDRESS) 2103 Washington Ave

20. FILED 30 1934 19 J. F. Bredeck Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-18- 1934, to 11-23- 1934.
I last saw him alive on 11-22- 1934. Death is said to have occurred on the date stated above, at 11:35 m.
The principal cause of death (and related causes of importance were as follows:
Chronic Nephritis Date of onset _____
Bladder Calculus
Other contributory causes of importance: _____
Bladder Calculus

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinal 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 J. Owen Blanche (Signed) _____ (M. D.)
(Address) 2945 - Lawton Blvd.

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.

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