

MAR 25 1935

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

Do not use this space.

7361

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1002**City **St. Louis MO** (No. **Lutheran Group**)

File No.....

Registered No. **1787**

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. **12138 1/2 Victoria** St., **23** 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

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Wenger**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 5 - 1854**7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**80 6 14**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Machinist**

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

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**13. NAME **Wm Wenger**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Elnora Schreiber**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Dr. Edward Wenger 1828 Victoria**

18. BURIAL, CREMATION, OR REMOVAL

PLACED **St. Matthews** DATE **Feb 23 1935**19. UNDERTAKER (ADDRESS) **Jungheinrich Bros 2629 Cherokee st**20. FILED **FEB 23 1935 J. P. Bredeck**

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 19 1935**22. I HEREBY CERTIFY, That I attended deceased from **Feb 18 1935 to Feb 19 1935**I last saw him alive on **Feb 19 1935** 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:

Date of onset

**Cardio-Vascular Disease**

Other contributory causes of importance:

Name of operating Date of

What test confirmed diagnosis? Was there an autopsy? **0**

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? **NO**

If so, specify

(Signed) **William White**, M. D.(Address) **3375 S. Grand Blvd**

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.

