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

NOV 2 1935

791

Do not use this space.

31347

File No.

Registered No. 8184

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4944 Laxton St. Ward)

Registration District No. 1003

Primary Registration District No.

2. FULL NAME Mary R. Wilgark

(a) Residence, No. 4944 Laxton Ave St., Ward.
(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) Dec. 27 1870

7. AGE: Years 64 | Months 9 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Chester Ill.

FATHER

13. NAME John W. Wilgark

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

MOTHER

15. MAIDEN NAME Agnes Paulus

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

17. INFORMANT (ADDRESS) Mrs. W. P. Murphy 4944 Laxton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chester Ill. DATE Sept 29 1935

19. UNDERTAKER (ADDRESS) Matt Hermann & Son 2161 East Fair Ave.

SEP 28 1935

20. FILED 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/25 1935 to 9/27 1935

I last saw her alive on 9/26 1935 Death is said to have occurred on the date stated above, at 8:35 A.m.

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

Cerebral Hemorrhage (apoplexy) — Date of onset 9/25/35

Other contributory causes of importance: Hypertension (B. P. 240-150)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

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) [illegible], M. D.

(Address) 8321 N. Broadway