FEB 11 1936

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

Do not use this space.

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File No. 40

Registered No.

1. PLACE OF DEATH
County St. Louis Mo. Registration District No.
Township Primary Registration District No.
City (No. 4536 Geraldine St. Ward)

2. FULL NAME Margaret Wacker
(a) Residence, No. 4536 Geraldine Ave. St., 7 Ward. St
(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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Widowed Henry.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12th 1863

7. AGE YEARS 72 MONTHS 4 DAYS 19 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) St. Louis County

FATHER
13. NAME William Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Bridget Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Link 5324 Kingsbury

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan 3rd 1936

19. UNDERTAKER (ADDRESS) Stroot & Carroll Und. Co 4600 Natural Bridge Ave

20. FILED JAN - 2 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31st, 1935

22. I HEREBY CERTIFY, That I attended deceased from on Dec 31, 1935 to ....., 19....
I last saw her alive on Dec. 31, 1935 Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Dec 29

108

Other contributory causes of importance:

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? ..... 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) Roland R. Menown, M. D.
(Address) 5330 Geraldine

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.

100M-3-28-35