MAY 7 1936

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

Do not use this space.

17330

File No.

Registered No. 4094

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. City Hosp. 1 St. Ward)

2. FULL NAME Frederick Wamsgany

(a) Residence, No. 2004 aa Gravois St., 23 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha nee Rauch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21th 1880

7. AGE: YEARS 56 MONTHS 1 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

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

FATHER

13. NAME Michael Wamsgany

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

MOTHER

15. MAIDEN NAME Margareth Springmeyer

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

17. INFORMANT Minnie Wamsgany
(ADDRESS) 2004 Gravois Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 4/16th 1936

19. UNDERTAKER J H Gebken & L. U. Co.
(ADDRESS) 2630 Gravois Ave

20. FILED APR 14 1936 J H Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.00 A.m.

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

	Date of onset
Amonia Poisoning, Self administered, whether accidental or intentional could not be ascertained.	

Other contributory causes of importance:

195

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? Den Verdict Date of injury 4/13/1936

Where did injury occur? St. Louis, MO.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place.

Manner of injury Pois.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) J. J. Gaffney, M. D.

(Address) Pat. Conner

4/14/36

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.