

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.

JUL 14 1936

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

Do not use this space.

24565

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis(No. 4221A So. Grand Ave.

File No.....

Registered No.....

6185

St. .... Ward)

## 2. FULL NAME

Alinda May Wartlig (Wartlig)(a) Residence, No. 4221A So. Grand Ave. St. ....Ward. 15

(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)  
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Fred Wartlig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 22, 1892

7. AGE

YEARS

43

MONTHS

11

DAYS

25

If LESS than 1

day, .... hrs.

or .... min.

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.

Housewife

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)

Indiana

FATHER

13. NAME

C.W. Fleischer

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Anna Feiock

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

17. INFORMANT

(ADDRESS)

Fred Wartlig

4221A So. Grand Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hiram Cemetery

DATE

6-19

36

19. UNDERTAKER

(ADDRESS)

Kriegshauser Mortuaries

4228 So. Kingshighway

20. FILED

JUN 17 1936

J. F. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

6-16

1936

22. I HEREBY CERTIFY, That I attended deceased from

July 16

1935, to

June 16

1936

I last saw him alive on

June 16

1936

Death is said

to have occurred on the date stated above, at 8P m.

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

Date of onset

Chronic Myocarditis

Other contributory causes of importance

Chronic Pancreatitis

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

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

(Signed)

Richard W. Faulman, M. D.

(Address)

4247 S. Grand

Richard Fehrmann  
4247 So Grand  
12<sup>30</sup>