

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

32360  
Do not use this space.

OCT 14 1937

791

1003

Registered No. 8414

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis Mo. (d) Street No. City Hospital No. 1 St.  
(If death occurred in hospital or institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Marlene Wzer

(a) Residence, No. 624 Geyer Ave. St. 23  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
5 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil  
9. Industry or business in which work was done, as 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 Ralph Wzer  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albania

MOTHER  
15. MAIDEN NAME Violet Lenges  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Violet Lenges 624 Geyer Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Picker DATE Sept 7 '37

19. FUNERAL DIRECTOR (ADDRESS) Thos. Rutis 2906 Gravois Ave.

20. FILED St. Bridock Local Registrar.

~~Medical Certificate of Death~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2 1937

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

Malnutrition, Hospital

Cause undetermined.

Other contributory causes of importance: 158

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy yes

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?  
If so, specify \_\_\_\_\_  
(Signed) Alfred J. Perry M.D.  
(Address) Deputy Coroner

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.

129-000

SEP 7 1937

STATEMENT BY LICENSED EMBALMER

I, THOS. KUTIS, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

THOS. KUTIS L. E. 1619

No. .... or by....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Thos Kutis*

Licensed Embalmer No. 1619

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**