

JAN 10 1938

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

43420

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township **St. Louis** Primary Registration District No. **1003** Registered No. **11670**
 (c) City (d) Street No. **City Hospital No. 1** (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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

William Wayland
 (a) Residence, No. **1415 a Hills Terrace** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Barrie Wayland**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 25, 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation **2 1/2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **Louis Wayland**

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

15. MAIDEN NAME **Unkown**

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

17. INFORMANT **Hosp. Info M. Kent**
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Wheeler, Mo** DATE **12/21/37**

19. FUNERAL DIRECTOR **Berglund and Co**
 (ADDRESS) **3061 Washington Bldg**

20. FILED **DEC 20 1937**
J. Bredeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/19/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **12/13/37**, 19, to **12/19/37**, 19

I last saw him alive on **12/13/37**, 19. Death is said to have occurred on the date stated above, at **4.50 a.m.**

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

hepatitis chronic

Date of onset

131

Other contributory causes of importance: **cytitis chronic (catarrhal)**

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 **E. P. Reh**
 (Signed) **E. P. Reh** M. D.
 (Address) **City Hospital No. 1**

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.

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 3606

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

_____ L. E. _____

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

working under my personal supervision.

Signed Hairy D. Bergesch

Licensed Embalmer No. 2606

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.)