

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. **PHYSICIANS should state EXACTLY.** AGE should be stated EXACTLY. **PHYSICIANS should state**

FEB 12 1938

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

Do not use this space.

1. PLACE OF DEATH

County Missouri Baptist Hospital Registration District No. 791
 Township 919 N. Taylor Ave. Primary Registration District No. 1003
 City St. Louis, Mo. (No. _____) St. _____ Ward _____

File No. 1066
 Registered No. 922

2. FULL NAME

Infant Wunnenberg 451

(a) Residence, No. 9528 Tennyson Overland, Mo. Ward LP
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 17, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day.....hrs. or.....min.
Stillborn

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.
 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.

13. NAME John C. Wunnenberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creve Couer, Mo.

15. MAIDEN NAME Bertha Hecht

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creve Couer, Mo.

17. INFORMANT John C. Wunnenberg-1
 (ADDRESS) 9528 Tennyson

18. BURIAL, CREMATION, OR REMOVAL
CITY CEMETERY DATE JAN 27 1938

19. UNDERTAKER City Health Dept
 (ADDRESS) City Health Dept

20. FILED 26 1938
J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 - 1938, to Jan. 17 - 1938

I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:20 p.m.

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

Slip - Fall -

Date of onset 1-17-38

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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) J. Roy A. Waller, M. D.
 (Address) Overland Mo. 2438 Woodson Rd.

