

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.

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

REC'D MAR 14 1938

791
1008

4532
Do not use this space.

1177

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 Margaret Wigger. 260

(a) Residence, No. 3339 A Wisconsin Ave. St. 24
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 2 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 William Lais
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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

17. INFORMANT (ADDRESS) Walter Wigger
3339 A Wisconsin Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE Feb 2 1938

19. FUNERAL DIRECTOR (ADDRESS) Stakutis
2906 Gravois Ave.

20. FILED FEB 1 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 31 1938

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 5:25 a.m.

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

Lysol Poisoning, self administered about 12:35 P.M. Jan. 10, 1938, in Benton Park.

Other contributory causes of importance: 163

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury..... 19.....

Where did injury occur? St. Louis
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury.....
 Nature of injury..... See above

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) Joseph M. Jernett M.D.
 (Address) Deputy Coroner

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.)