

REC'D JUL 12 1938

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

20244
 Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **3504 Washington Blvd.** 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 **62 yrs. 1 mos. 7 ds.** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **5383****2. PRINT FULL NAME** **Mary Wahl**

(a) Residence, No. **3504 Washington Blvd.** St. **21**
 (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) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widow of William Wahl**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 5, 1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 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) **June 1900** 11. Total time (years) spent in this occupation

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

FATHER 13. NAME **Ferdinand Roesch**
 14. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Emma Benner**
 16. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY) **Germany**

17. INFORMANT **Miss Lola Wahl**
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens Cem.** DATE **June 15 1938**

19. FUNERAL DIRECTOR **Suedmeyer & Sons**
 (ADDRESS) **3934 N. 20th St.**

20. FILED **JUN 14 1938** **J. D. Bredner**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/12 1938**

22. I HEREBY CERTIFY, That I attended deceased from **1/4**, 19**38**, to **6/12**, 19**38**

I last saw her alive on **6/7**, 19**38**. Death is said to have occurred on the date stated above, at **7:30 P. M.**

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

Myocarditis, chronic 1/4/38

Other contributory causes of importance:

Name of operation **None** 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? 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 **V. J. Mendenhall Med.**, M. D.

(Signed) **Charles Fred Bredner**
 (Address) **.....**

WHITE PRINTED WITH OPAIDING 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.

STATEMENT BY LICENSED EMBALMER

I, Geo. P. Schubert

Licensed Embalmer No.

2212

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

Myself

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

Geo. P. Schubert

Licensed Embalmer No.

2212

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.)