

REC'D SEP 12 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

27529

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, Mo. (d) Street No. City Sanitarium St.  
 (e) Length of residence in city or town where death occurred 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bertha Wegert 263

(a) Residence, No. 3842a St. Louis Ave. St. 11  
 (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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Joseph Wegert</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb. 27. 1857</b>				
7. AGE	YEARS <b>81</b>	MONTHS <b>5</b>	DAYS <b>26</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Housework</b>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>Housework</b>			
	10. Date deceased last worked at this occupation (month and year) <b>1935</b>		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Caseville Illinois</b>				
FATHER	13. NAME <b>Henry Kiesel</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown Germany</b>			
MOTHER	15. MAIDEN NAME <b>Margaret Prenkripek</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown Germany</b>			
17. INFORMANT (ADDRESS) <b>Hubert Tompkins 5400 Arsenal</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Mathews Cem. DATE 8-26-38</b>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Witt Brothers 2929 S. Jefferson Ave.</b>				
20. FILED <b>J. D. Biedler Local Registrar.</b>				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 22/38**, 19.....  
 22. I HEREBY CERTIFY, That I attended deceased from **Jan 27/36**, 19....., to **Aug. 22/38**, 19.....  
 I last saw **her** alive on **Aug. 22/38**, 19..... Death is said to have occurred on the date stated above, at **5.55 P. M.**  
 The principal cause of death and related causes of importance were as follows:  
**Broncho-Pneumonia 8-21-38** Date of onset  
**Senility 1-27-36-x**

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) **Hubert Tompkins** M. D.  
 (Address) **5400 Arsenal**

AUG 24 1938

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X14829

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*Paul A. Shauvelin*

or by \_\_\_\_\_  
REGISTERED APPRENTICE

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Paul A. Shauvelin*

Licensed Embalmer No. *3472*

P. O. Address *2929 S. 9th St.*

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.)

If this body is not embalmed, above space should be left blank.

*St. Louis*  
*Mo*