

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH 1008

914  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No..... Registered No. 914  
(c) City St. Louis (d) Street No. Central Hospital. 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 44 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

526 Robert Louis Wanger  
(a) Residence, No. 2630 A Glasgow Ave., St. 30  
(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 Male 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 Catherine Wanger  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1890  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
48 8 25  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Soda Water Mfg.  
9. Industry or business in which work was done, as saw mill, bank, etc. Own Business  
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) Bourbon, Mo.

FATHER 13. NAME Andrew Wanger  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Virginia Walker  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Catherine Wanger  
(ADDRESS) 2630 A Glasgow Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE Jan. 31, 1939.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. F. Paschedag  
2625 N. Grand Blvd

20. FILED JAN 30 1939 J. P. Breda (Signed) J. P. Breda M. D.  
Local Registrar. (Address) 4503 Washington

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1939 19

22. I HEREBY CERTIFY, that I attended deceased from Jan. 28, 1939, to Jan 28, 1939  
I last saw h. alive on Jan 28, 1939 Death is said to have occurred on the date stated above, at 4:45P.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 5 days  
atherosclerosis

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) J. P. Breda M. D.

**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,

or by

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

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address \_\_\_\_\_

**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.**