

REC'D FEB 10 1939

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

873

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **St. Anthony's 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **873**

2. PRINT FULL NAME

(a) Residence, No. **552 Joseph Waninger**
330 Weiss Avenue St. **NR** **Lemay, Missouri**
(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 **Elizabeth Waninger**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 3, 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Brewer**
9. Industry or business in which work was done, as saw mill, bank, etc. **Hyde Park Brewery**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Bayern**
(STATE OR COUNTRY) **Germany**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY)

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY)

17. INFORMANT **Elizabeth Waninger - Widow**
(ADDRESS) **Lemay, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Hope Cemetery** DATE **January 30, 1939**

19. FUNERAL DIRECTOR (NAME) **C. Hoffmeister U. & L. Co.**
(ADDRESS) **7814 S. Broadway, St. Louis, Mo.**

20. FILED **JAN 28 1939**
J. F. Prudeak
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 26, 1939**, 19

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1**, 19**39**, to **Jan 26**, 19**39**
I last saw him alive on **Jan 26**, 19**39**. Death is said to have occurred on the date stated above, at **8:10 p.m.**
The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall bladder
Metastasis - Liver
Date of onset **June 28**

Other contributory causes of importance:
Chronic Nephritis

Name of operation **Ex. Urinary Sphincter** Date of **Jan 21, 1939**
What test confirmed diagnosis? **B. biopsy** 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?
If so, specify.....

(Signed) **A. W. Oster**, M. D.
(Address) **4147 57th sand**

