

REC'D MAY 10 1939

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

791
100313434
Do not use this space.

3776

1. PLACE OF DEATH

(a) County..... / Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City St. Louis (d) Street No. Deaconess 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.

2. PRINT FULL NAME

260 Sabine S. Wueger (WUEGER)
(a) Residence, No. 5102 Page Blk. St. 5
(Usual place of abode, if no street address, write county or city and State) (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 Julius Wueger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4th, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 17

OCCUPATION 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) Missouri 0FATHER 13. NAME George Schott 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9MOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Mrs. Fred Wueger
3654 Filemore Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE April 24, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehrman Hanal
1905 Union Blvd.20. FILED APR 24 1939
J. B. Brudwick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21st, 193922. I HEREBY CERTIFY, That I attended deceased from July 6, 1937, to April 21, 1939I last saw him alive on 4-21, 1939. Death is said to have occurred on the date stated above, at 1:40 P.M.

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

Carcinoma of the stomach

Date of onset

Other contributory causes of importance

CachexiaName of operation Exploratory Date of 2-70-39What test confirmed diagnosis? Was there an autopsy? yes23. 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) Johnston, M. D.(Address) 607 N. Grand

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Ministry Club

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 R. M. Sanford
Licensed Embalmer No. 2273
P. O. Address Hawaii

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.