DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27767

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 7267

1. PLACE OF DEATH:

(a) County

(b) City or town St, Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2621 McNair 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 52 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County

(c) City or town St, Louis 23 (If outside city or town limits, write "RURAL")

(d) Street No. 2621 Mc Nair (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME BERTHA WAGNER 256

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased April (Month) 23 (Day) 1860 (Year)

8. AGE: Years 79 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Belleville (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation Housewife 6

11. Industry or business 0

FATHER
12. Name Charles Speis 1
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John W. Wagner
(b) Address 2621 McNair

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/39 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) AUG 22 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1939 hour 9.50 minute PM.

21. I hereby certify that I attended the deceased from May 1st, 1939 to August 20, 1939 that I last saw her alive on August 20, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 week
Due to Cardio-Vascular Renal disease	Years' Duration
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? 1 (e) Means of injury

23. Signature M. F. Simon (M. D. or other)
Address 1115 Victor, Phone Gr. 0078 Date signed 8/21/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address 3528 Russell Pl.

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.