

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.

JAN 12 1940 **791**  
Registration District No. **1000**

Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:** **JAN 12 1940**  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis** **2**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2135a Gravois**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community **Life**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **1**  
(c) City or town **St. Louis** **23**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2135a Gravois**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME:** **Bertha Wolgast** **49**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. **None**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Dec.** day **19**  
year **1939** hour **11** minute **35** ~~40~~ **AM**  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **August** **18**, **1892**  
(Month) (Day) (Year)

Immediate cause of death **Local poisoning** Duration \_\_\_\_\_  
**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) **Suicide**  
(b) Date of occurrence **Dec. 19 1939**  
(c) Where did injury occur **St. Louis Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home**  
(Specify type of place) Means of injury **Legal**

**8. AGE:** Years **47** Months **4** Days **1** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Suffering temporary Mental aberration**  
(Include pregnancy within 9 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace **St. Louis** **Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** **None**  
**11. Industry or business:** \_\_\_\_\_  
**12. Name:** **Louis Wolgast**  
**13. Birthplace:** **Germany**  
(City, town, or county) (State or foreign country)  
**14. Maiden name:** **Anna Belz**  
**15. Birthplace:** **St. Louis** **Missouri**  
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.  
**PHYSICIAN** \_\_\_\_\_

**16. (a) Informant's own signature:** **L. Wolgast**  
(b) Address **3909 Cleatha Ave**  
**17. (a) Burial** (b) Date thereof **12/20/39**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Sunset Burial Park**  
**18. (a) Signature of funeral director:** **Welder**  
(b) Address **2331 S. Broadway**  
**19. (a) DEC 20 1939** (b) \_\_\_\_\_  
(Date received local registrar) (Signature of registrar)

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**Home**  
(Specify type of place) Means of injury **Legal**  
**23. Signature:** **Alfred Perry** (M.D. or other) \_\_\_\_\_  
Address **1221 1/2 Brown** Date signed **12.20.39**

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**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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address St. Louis

**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.**