

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

Do not use this space.

22862

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City, St. Louis, Missouri, 4019a Connecticut Street

File No.....
Registered No. 6878
.....St. Ward)

2. FULL NAME Wilhelmina Sunkel

(a) Residence. No. 4019a Connecticut Street, 2 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17th, 19 23

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis C. T. L. Sunkel

17. I HEREBY CERTIFY That I attended deceased from Jan 1, 1918 to July 17, 1923 that I last saw her alive on July 16, 1923, and that death occurred, on the date stated above, at 6:30 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28th, 1846

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial nephritis

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 1 19

131
07 (duration) 5 yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Housework
(c) Name of employer

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 10 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Joseph Biehle

Did AN OPERATION PRECEDE DEATH? No DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER (Unknown) Hildebrand

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) my friend, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

7/18, 1923 (Address) 1440 S. 18

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

14. INFORMANT Louis C. T. L. Sunkel
(Address) 4019a Connecticut

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
SS. Peter & Paul Cem. July 19, 19 23

15. FILED JUL 18 1923 Max B. Starkeoff
REGISTERED

20. UNDERTAKER ADDRESS
Bloembergen & Son 316 3 S. Grand

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.

