

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

Do not use this space.

31300

1. PLACE OF BIRTH

County St. Charles
Township Leisure
City Wentzville (City)

Registration District No. 758
Primary Registration District No. 5999

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred Willinkling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
33 - 0 - 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nurse Duties
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Wentzville
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Remond Bohly
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Ork
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Augusta
(STATE OR COUNTRY) Mo.

14. INFORMANT Alfred Willinkling
(Address) Wentzville Mo

15. FILED 10-3-1927 J.M. Jenkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/1 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 1927, to Oct 7, 1927, that I last saw him _____ alive on Oct 7, 2:30pm, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108 / 101 A
115 A (duration) yrs. 3 days
CONTRIBUTORY (SECONDARY) Pharyngitis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

9 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. H. Robinson, M. D.
10/8 .1927 (Address) Wentzville Mo

*State the DISEASE SUSTAINING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wentzville Mo DATE OF BURIAL Oct 10 1927

20. UNDERTAKER P. E. Struman ADDRESS Wentzville Mo

C. 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.

10-2-1927

U.S.