

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

Do not use this space.

**32945**

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
 Township 11-11 Primary Registration District No. 3009  
 City 11 (No. SE Ma Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1227  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Wilhelmina Albert  
 (a) Residence. No. Illmo mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (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 ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 3 - 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>71</u>	<u>8</u>	<u>17</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework.  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau  
 (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Ernest Domey

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

12. MAIDEN NAME OF MOTHER Wilhelmina Benhardt

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

14. INFORMANT Mrs. Jueli  
 (Address) Illmo. mo.

15. FILED 10/20 1928 W. Staempff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 22, 1928, to Oct 20, 1928 that I last saw h. er alive on Oct 19, 1928, and that death occurred, on the date stated above, at 7:35 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
pyelo-nephrosis.

1321 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 30 ds.

CONTRIBUTORY (SECONDARY) 131W (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) W. Wesley, M. D.  
 (Address) 735 Broadway

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lutheran Cem. Illmo mo DATE OF BURIAL 10-21 1928

20. UNDERTAKER Al Brinkhoff ADDRESS Cape Girardeau mo

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. 1928

