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

Do not use this space.

34684

1. PLACE OF DEATH

County: St Louis — Registration District No.: 790 — File No.:

Township: Central — Primary Registration District No.: 6033 — Registered No.:

City: Clayton (No. 7720 Club Drive St. Ward)

2. FULL NAME Wilhelmina Setz

(a) Residence. No. 7720 Club Drive, 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gustave Setz

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 23 - 1851

7. AGE: Years 77 — Months 11 — Days 14 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 81A 82A 97
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Andrew Bucholtz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " " "

14. INFORMANT: C. F. Setz
(Address): 601 Polo Drive

15. FILED Oct 9, 1928 Clayton Mo Katharine W. Sullivan REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 7th 1928

17. I HEREBY CERTIFY, That I attended deceased from 1924, 19.., to Oct 7, 1928 that I last saw her alive on Oct 7, 1928, and that death occurred, on the date stated above, at 1:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
4 days
7401
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis & anterio lateral sclerosis
(duration) X yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
O DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Chas W Miller
(Signed) Chas W Miller, M. D
, 19 (Address) 1036 Missouri B

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Mausoleum — DATE OF BURIAL: Oct 10 1928

20. UNDERTAKER: Mullen Und Co — ADDRESS: 5165 Delmar Bl

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.