

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

Do not use this space.

38993

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 6047 Lucille A)

File No.
Registered No. 11663
St. Ward)

2. FULL NAME

Lulu M Wondracheck
(a) Residence. No. 6047 Lucille A, St. 7 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Wondracheck</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 8 1873</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>55</u>	<u>2</u>	<u>21</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 29 1928
17. I HEREBY CERTIFY That I attended deceased from Nov. 19th, 1928 to Nov. 29, 1928 that I last saw him..... alive on..... Nov. 29, 1928, and that death occurred, on the date stated above, at..... 6⁰⁰ a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

440
Cancer of Stomach
(duration)..... yrs. mos. da. 9
CONTRIBUTORY (SECONDARY) none
(duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Frank V. Krebs, M. D.
Nov. 29, 1928 (Address) 3500 1/2 Grand Blvd.

*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.

9. BIRTHPLACE (CITY OR TOWN) New Orleans
(STATE OR COUNTRY) La.

10. NAME OF FATHER Wm Drebing

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

12. MAIDEN NAME OF MOTHER Catherine Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Orleans
(STATE OR COUNTRY) La.

14. INFORMANT Mrs. E. E. Sieterman
(Address) 4118² Shreve Ave.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters
DATE OF BURIAL Dec 1st 1928

15. FILED 30 1928 May C Starceoff
REGISTRAR

20. UNDERTAKER Wm F Paschedag
ADDRESS 2828
10th Grand R

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

