

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

Do not use this space.

35636

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

791
1003

Registration District No.....
Primary Registration District No.....
(No. 4102 Margaretta Ave)

File No.....
Registered No. 10412
St..... Ward.....

2. FULL NAME Wilhelmina Ellersieck

(a) Residence. No. 4102 Margaretta St., 10 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*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr August Ellersieck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30 1875

7. AGE	YEARS	MONTHS	DAYS	IT LESS than 1 day,
	<u>53</u>	<u>11</u>	<u>22</u>	hrs. or
				min.

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) (STATE OR COUNTRY) St. Louis Mo.

10. NAME OF FATHER Christ Meinholtz

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

12. MAIDEN NAME OF MOTHER Carolina Schwenk

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

14. INFORMANT August Ellersieck
(Address) 4162 Margaretta

15. FILED 23 1929 Wm C. Barker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1929, to Oct 22, 1929, that I last saw him alive on Oct 22, 1929, and that death occurred, on the date stated above, at 4:50 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
121
92A Chronic hepatitis
(duration) 2 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) Cerebral apoplexy
(duration) 1 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH. 129th

DID AN OPERATION PRECEDE DEATH? 0 DATE OF.....

WAS THERE AN AUTOPSY? 0

WHAT TEST CONFIRMED DIAGNOSIS? 0
(Signed) William W. Winter, M. D.
Oct 21, 1929 (Address) 3375 S. 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Bethlehem Cemetery DATE OF BURIAL Oct 24 1929

20. UNDERTAKER Thos. P. Reiderwiden ADDRESS 1936 St. Louis

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.

WRITE PLAINLY, WITH UNFADING INK

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