

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
1003
Primary Registration District No. **5506**

File No. **42374**
Registered No. **12099**
St. Ward)

2. FULL NAME

(a) Residence No. St., **15** 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) *Married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Richard H.*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept. 14 - 1870*
7. AGE
YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 2 26

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Housewife*
(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 *Henry Wichmann*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Herrmann*
12. MAIDEN NAME OF MOTHER *Catharine Wise*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Herrmann*

14. INFORMANT *R. H. Ketchum*
(Address) *1506 Klamath Ave*

15. FILED *12 1929*
REGISTRAR *Earl C. Starkey*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 10 19 29*
17. I HEREBY CERTIFY, That I attended deceased from *Aug 8* 19*29*, to *Dec 9* 19*29*, that I last saw her alive on *Dec 9* 19*29*, and that death occurred, on the date stated above, at *2:30 p* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
12 A Pulmonary edema
13 C Chronic Valvular Disease
11 B (duration) yrs. mos. ds. *3*
CONTRIBUTORY *Chronic Myocarditis* (SECONDARY) (duration) yrs. mos. ds. *5*

18. WHERE WAS DISEASE CONTRACTED *home*
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....
WAS THERE AN AUTOPSY? *no*
WHAT TEST CONFIRMED DIAGNOSIS? *Physical Exam*
(Signed) *Henry S. Kuper* M. D.
Dec 11, 19 29 (Address) *514 Metropolitan Bldg*

*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 *Missouri Cemetery* DATE OF BURIAL *DEC 13 19 29*

20. UNDERTAKER *Central Undertaking Co.* ADDRESS *1841 Cass Ave*

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.

Mr. Smith

1864

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