

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

Do not use this space.

38119

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....
 Township..... Primary Registration District No. 1003 Registered No. 11274
 City, St. Louis (No. Alexian Bend Hospital) St. Ward)

2. FULL NAME

William Waelke

(a) Residence. No. Afton Mo Route #1 St., 24 Ward. Afton Mo
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 25, 1874</u>				
7. AGE	YEARS <u>56</u>	MONTHS <u>3</u>	DAYS <u>3</u>	If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

St. Louis Mo

10. NAME OF FATHER

Hy Waelke

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Germany

12. MAIDEN NAME OF MOTHER

Unterschied

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Germany

14. INFORMANT

Hy Waelke
 (Address) Afton Mo Route #1

15. FILED

DEC -1 1933
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1936

17. HEREBY CERTIFY, That I attended deceased from July 10, 1936, to Nov 28, 1936, that I last saw h^e alive on Nov 28, 1936, and that death occurred, on the date stated above, at 6 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Colon

18. WHERE DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, St. Louis County, Mo
 CONTRIBUTORY (SECONDARY) Intestinal Hemorrhage (duration) — yrs. — mos. — ds.

19. WHERE DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, St. Louis County, Mo
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Richard Spangman, M. D.

Nov 24, 1936 (Address) St. Louis Mo

*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 St. Marcus DATE OF BURIAL Dec 1 1936

20. UNDERTAKER

Wacker-Helderle ADDRESS 2331 - 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.

