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

Do not use this space.

41996

250

1. PLACE OF DEATH
County St Francois
Township
City Flat River (No. , St. Ward)

Registration District No. 974
Primary Registration District No. ~~[illegible]~~ 4465

File No.
Registered No.

2. FULL NAME Wilhelminia Wendell

(a) Residence, No. St., 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 Fem
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 Henry D Wendell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7. 1860

7. AGE YEARS 71 MONTHS 2 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) August Kroll Germany

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) G. W. Wendell Flat River Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trouton Mo. DATE Dec 29 1931

19. UNDERTAKER (ADDRESS) White & Son Trouton Mo

20. FILED Dec 31, 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to Dec 27, 1931
I last saw her alive on Nov 30, 1931. Death is said to have occurred on the date stated above, at 9:30 m.
The principal cause of death and related causes of importance were as follows:

Valvula Heart Tissue

Date of onset

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
—
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) W. P. [signature], M. D.
(Address) Desloge Mo

WRITE PLAINLY, WITH UNFADING

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.