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.

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

Do not use this space.

2268

FEB 25 1932

1. PLACE OF DEATH
County St Louis
Township Central
City Overland (No. ..... , ... St. ..... Ward)

Registration District No. 789
Primary Registration District No. 6033B

File No. .....
Registered No. 84

2. FULL NAME Theodore Wibracht

(a) Residence, No. 9426 Midland av 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 Male
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 Louise Wibracht

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 1870

7. AGE YEARS 61 MONTHS 3 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 148
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) St Louis Co. Mo 1

FATHER
13. NAME Christoph Wibracht
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
15. MAIDEN NAME Louise Stiegemeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co 1

17. INFORMANT (ADDRESS) Louise Wibracht 9426 Midland av

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE Feby 1, 1932

19. UNDERTAKER (ADDRESS) Berdwinsian Funeral home 1936 St Louis av

20. FILED 1-30-1932 Zella Bracy-M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

N

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1931, to Jan 28, 1932
I last saw him alive on Jan 28, 1932 Death is said to have occurred on the date stated above, at 5 55 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (hypertensive type)
Arteriosclerosis.

Date of onset: Few years duration

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Physical findings Was there an autopsy? No.

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? No.
If so, specify .....
(Signed) Paul R. Whitener, M. D.
(Address) 2573 Woodson Overland Mo.