

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

Do not use this space.

10681

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. 5919) Theodore Ave.

File No.....
 Registered No. 2752
 St..... Ward.....

2. FULL NAME

(a) Residence, No. 5919 Theodore Ave. St., 7 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis F. Wende</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10, 1860</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>8</u>
	DAYS <u>29</u>	If LESS than 1 day..... hrs. of..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Germany</u> <u>10</u>		
FATHER	13. NAME <u>Joseph Stock</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Wm. Beaudrick</u> <u>5919 Theodore Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Frieding</u> DATE <u>Mar. 22</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Math. Hermann & Son</u> <u>3161 East Fair Ave.</u>		
20. FILED <u>1932</u> <u>23</u> <u>1932</u> <u>May</u> <u>C. Starkey</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19, 1932

2. I HEREBY CERTIFY, That I attended deceased from March 12, 1932, to March 19, 1932
 I last saw her alive on March 18, 1932. Death is said to have occurred on the date stated above, at 9:11 a.m.
 The principal cause of death and related cause of importance were as follows:
Chronic Venular Heart Disease

Date of onset about 10 years duration

Other contributory causes of importance:
from 1

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?
 If so, specify.....
 (Signed) Dr. Samuel K. Rippe
 (Address) 327 New Kings Highway

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—THIS IS IMPORTANT

