

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

Do not use this space.

17196

1. PLACE OF DEATH

92 County St. Charles Registration District No. 757
 4 Township..... Primary Registration District No. 3036
 8 City St. Charles (No. St. Josephs Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Baldwin Eagle Ill.
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. - 8 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 4 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Baldwin Eagle, Ill.

MOTHER / FATHER 13. NAME Paul Kinn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baldwin Eagle, Illinois

15. MAIDEN NAME Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baldwin Eagle, Illinois

17. INFORMANT, Y. (ADDRESS) Carl Kinn
Baldwin Eagle Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Baldwin Eagle, Ill. DATE May 10, 1932

19. UNDERTAKER (ADDRESS) W. H. Schlemmer & Sons
800 N. 2nd - St. Charles, Mo.

20. FILED 5/10 1932 Hy. G. Blebsum
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to May 10, 1932
 I last saw her alive on May 9, 1932. Death is said to have occurred on the date stated above, at 4:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Encephalitis lethargica Date of onset 4/19/32
17
115 17
 Other contributory causes of importance: Influenza 4/20/32

Name of operation Spinal punctures Date of 5/4, 5/6, 5/8
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes
(Lab. tests are being made)

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) B. P. Wentker, M. D.
 (Address) St. Charles, Mo

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 A PERMANENT RECORD

1
2
3