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.

NOV 28 1932

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

Do not use this space.

33404

1. PLACE OF DEATH
County St. Louis — Registration District No. 785
96 Township Mermac — Primary Registration District No. 6032
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 195

2. FULL NAME Alice E. Wengler
(a) Residence, No. Allenton Mo. 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: Female
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: Fred. Wengler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 20, 1863.
7. AGE: YEARS 69 — MONTHS 7 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home 235
10. Date deceased last worked at this occupation (month and year): Apr. 1, 1931
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri 1

FATHER
13. NAME: Isiah Brown 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unkown 31

MOTHER
15. MAIDEN NAME: Susan Mower
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas 2

17. INFORMANT (ADDRESS): Myrtle Votaw, Overland Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Allenton Mo. DATE: Oct 21, 1932
19. UNDERTAKER (ADDRESS): Schrader Und. Co. Ballwin Mo.
20. FILED: 10/20, 1932 C. E. Barnett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 18, 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 1929, to 10-18-, 1932
I last saw her alive on 10-18-, 1932. Death is said to have occurred on the date stated above, at 1205 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis pulmonalis	
23 A	
92 A 23	

Other contributory causes of importance: Valvular lesion of heart

Name of operation: none — 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 no
(Signed) D. E. Williams, M. D.
(Address) Union Mo.