

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

Do not use this space.

37244

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 320
 City St. Louis (No. 5145 Cabanne Ave) St. Ward) 12

File No. 9870
 Registered No. 9870

2. FULL NAME

(a) Residence, (Usual place of abode) 5145 Cabanne Ave, 12 Ward.
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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 Ernest J. Montels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-18-1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 6 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 1/19 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Mo. 1

13. NAME Fred Wulken

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Helen Muenster

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

17. INFORMANT Ernest J. Montels (ADDRESS) 5145 Cabanne Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Mo. DATE 11/9 32

19. UNDERTAKER Union Furniture Co (ADDRESS) Union Mo.

20. FILED NOV - 8 1932 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-7 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-14 1931 to 11-7 1932

I last saw 12 alive on 11-7 1932 Death is said

to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
82 F
97
102
 Other contributory causes of importance:
Hypertension
Arterio-sclerosis

8. 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 Carl J. Reed, M. D.

(Signed) Carl J. Reed (Address) 3700 North Poling St

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.

