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

Do not use this space.

4091

File No. 4091

Registered No. 1059

1. PLACE OF DEATH

County ..... Registration District No. 1707

Township ..... Primary Registration District No. 1705

City St. Louis (No. 500 Kingshighway St. Louis Children's Hospital St. ..... Ward)

2. FULL NAME Margaret Wustenfeld

(a) Residence, No. 912 Jackson St., 12 Ward. Quincy, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
F.	W.	Child.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-2-32

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	6	27	

OCCUPATION

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

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 COUNTY) Quincy, Ill.

FATHER

13. NAME Chester Wustenfeld

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Quincy, Ill.

MOTHER

15. MAIDEN NAME Liggette Bisser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Quincy, Ill.

17. INFORMANT J. McGlivin
(ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Quincy Ill DATE 2-1-33

19. UNDERTAKER Parker Bros. Und.
(ADDRESS) Quincy Ill

20. FILED JAN 30 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-11-33, 19, to 1-29-33, 19

I last saw her alive on 1-29-33, 19. Death is said to have occurred on the date stated above, at 11:30 P.m.

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

	Date of onset
Intestinal Obstruction, chronic	birth
(Congenital stenosis of upper ileum)	"
" "	1-20-33
	1-27-33
Other contributory causes of importance:	
Otitis Media,	1-20-33
Bronchopneumonia Secondary	" "

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 .....

(Signed) W. E. Keiter, M. D.

(Address) 500 S. Kingshighway

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 INDELIBLE INK—THIS IS A PERMANENT RECORD