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

Do not use this space.

7647

File No. .....

Registered No. 1606

1. PLACE OF DEATH

County .....

Township .....

City St. Louis, (No. 4154 Connecticut St. St. ..... Ward)

Registration District No. 1781

Primary Registration District No. 1003

2. FULL NAME Barbara Wuest

(a) Residence, No. 4154 Connecticut St. St., 16 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): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1860.

7. AGE: Years 72 | Months 2 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) St. Louis, Mo.

FATHER

13. NAME John Kellner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Catherine Diefenbach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Thomas Conroy
(ADDRESS) 4154 Connecticut St.

18. BURIAL, CREMATION, OR REMOVAL
SS. PLACE Peter & Paul Cem. DATE Feb. 18, 1933

19. UNDERTAKER J. N. Gebken Sons Co.
(ADDRESS) 2842 Meramec St.

20. FILED FEB 16 1933 Mary C. Stander M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-5-33, 19..., to 2-15-33, 19...

I last saw h. alive on 2-13-33, 19... Death is said to have occurred on the date stated above, at 9:15 A m.

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

	Date of onset
Myocarditis Chronic	
93 C	
11 B	

Other contributory causes of importance:

Post influenzal —

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? no

If so, specify .....

(Signed) T. E. Toner, M. D.

(Address) 3819 Iverness

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.

WHEN FILLING IN, WITH UNFADING INK—THIS IS A PERMANENT RECORD