

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.

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

Do not use this space.

22805

1. PLACE OF DEATH
County Franklin Registration District No. 296
Township Union Primary Registration District No. 4180
City Union (No. 1) St. Union Ward 1

2. FULL NAME Wilhelmina Hallenbrock
(a) Residence, No. 210 S. King Highway, St. Charles, Mo. Ward 6
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? 60 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 H. Hallenbrock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1850

7. AGE YEARS 82 MONTHS 11 DAYS 1 If LESS than 1 day, hrs. or min.

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

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) Germany

13. NAME Bernard Dickmeyer

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

15. MAIDEN NAME Beckmeyer

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

17. INFORMANT (ADDRESS) Emma Gien Union Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Mo. DATE July 24 1933

19. UNDERTAKER (ADDRESS) St. Charles Mo

20. FILED 8/8/33 1933 E. G. Stier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/21 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/30 1933, to 7/2 1933
I last saw him alive on 7/20 1933. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
myocarditis
93 D
14 in
93 D
Other contributory causes of importance:
Senility

Name of operation Senility Date of 7/21/33

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 7/21/33
Where did injury occur? Union, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Senility
Nature of injury Senility

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No

(Signed) R. Marshall M. D.
(Address) Union, Mo

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