

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

Do not use this space.  
**41739**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **03**  
City St. Louis (No. ...., St. .... Ward)

File No. ....  
Registered No. **10777**

**2. FULL NAME** GENEVIVE WESSEL

(a) Residence, No. 1412 Salisbury St., 26 Ward. (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**

<b>3. SEX</b> <u>Female</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>widow</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>Jan 4<sup>th</sup> 1850</u>				
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, hrs. or min.</b>
<u>83</u>		<u>11</u>	<u>11</u>	
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Housewife</u>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>no</u>				
<b>FATHER</b>	<b>13. NAME</b> <u>Peter Ripenbeier</u>			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Germany</u>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Theresa Lühoff</u>			
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Germany</u>			
<b>17. INFORMANT</b> <u>Francis Wessel</u> (ADDRESS) <u>1412 Salisbury St.</u>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b>				
PLACE <u>Calvary</u>		DATE <u>Dec 18<sup>th</sup> 1933</u>		
<b>19. UNDERTAKER</b> <u>Edward Work</u> (ADDRESS) <u>3516 N. 14<sup>th</sup></u>				
<b>20. FILED</b> <u>DEC 19 1933</u> <u>J. H. Bredeck</u> Registrar.				

**3 MEDICAL CERTIFICATE OF DEATH**

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

**22. I HEREBY CERTIFY**, That I attended deceased from Nov, 1933 to Dec 15, 1933  
I last saw h. or alive on Nov 29, 1933 Death is said to have occurred on the date stated above, at 7.9 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cancer of Bladder  
Chronic Myocarditis  
Senility  
Date of onset

Other contributory causes of importance: 53 A  
93 C  
163

Name of operation none 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 no  
(Signed) Jos. Kessler M. D.  
(Address) 3512 N. 14<sup>th</sup> St.

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 UNFADING INK—THIS IS A PERMANENT RECORD

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