

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.

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

Do not use this space.

Ju Schneider

21623

File No. _____
Registered No. *92*

JUL 17 1934

1. PLACE OF DEATH

County *St Charles* Registration District No. *757*
Township _____ Primary Registration District No. *3036*
City *St Charles* (No. *St Josephs Hospital*) St. _____ Ward _____

2. FULL NAME

Elda Wilsmeier
(a) Residence, No. _____ St. _____ Ward. *Meloa 2nd*
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. *2* ds. How long in U. S., if of foreign birth? yrs. mos. *2*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Herman Wilsmeier*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 1 - 1892*

7. AGE YEARS *41* MONTHS *8* DAYS *6* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. *Housewife*

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) *Wausen County Mo*

13. NAME *August Vahnberg.*

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

15. MAIDEN NAME *Christiana Benmans*

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

17. INFORMANT *Herman Wilsmeier* (ADDRESS) *Meloa, 2nd*

18. BURIAL, CREMATION, OR REMOVAL PLACE *South Central* DATE *June 22 1934*

19. UNDERTAKER *F. A. Preberg* (ADDRESS) *1934 Venturers 2nd*

20. FILED *1114* 19 *1934* Registrar *Clarence H. [unclear]*

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 20*, 193*4*

22. I HEREBY CERTIFY, That I attended deceased from *June 16*, 19*34*, to *June 20*, 19*34*

I last saw him alive on *June 20*, 19*34*. Death is said to have occurred on the date stated above, at *11:15 A.* m.

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

Hemorrhage - from uterine tumor - probably fibroid uterus, myocardial degeneration

Date of onset: *General 1934*

Other contributory causes of importance: *54k*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *W.*

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 _____

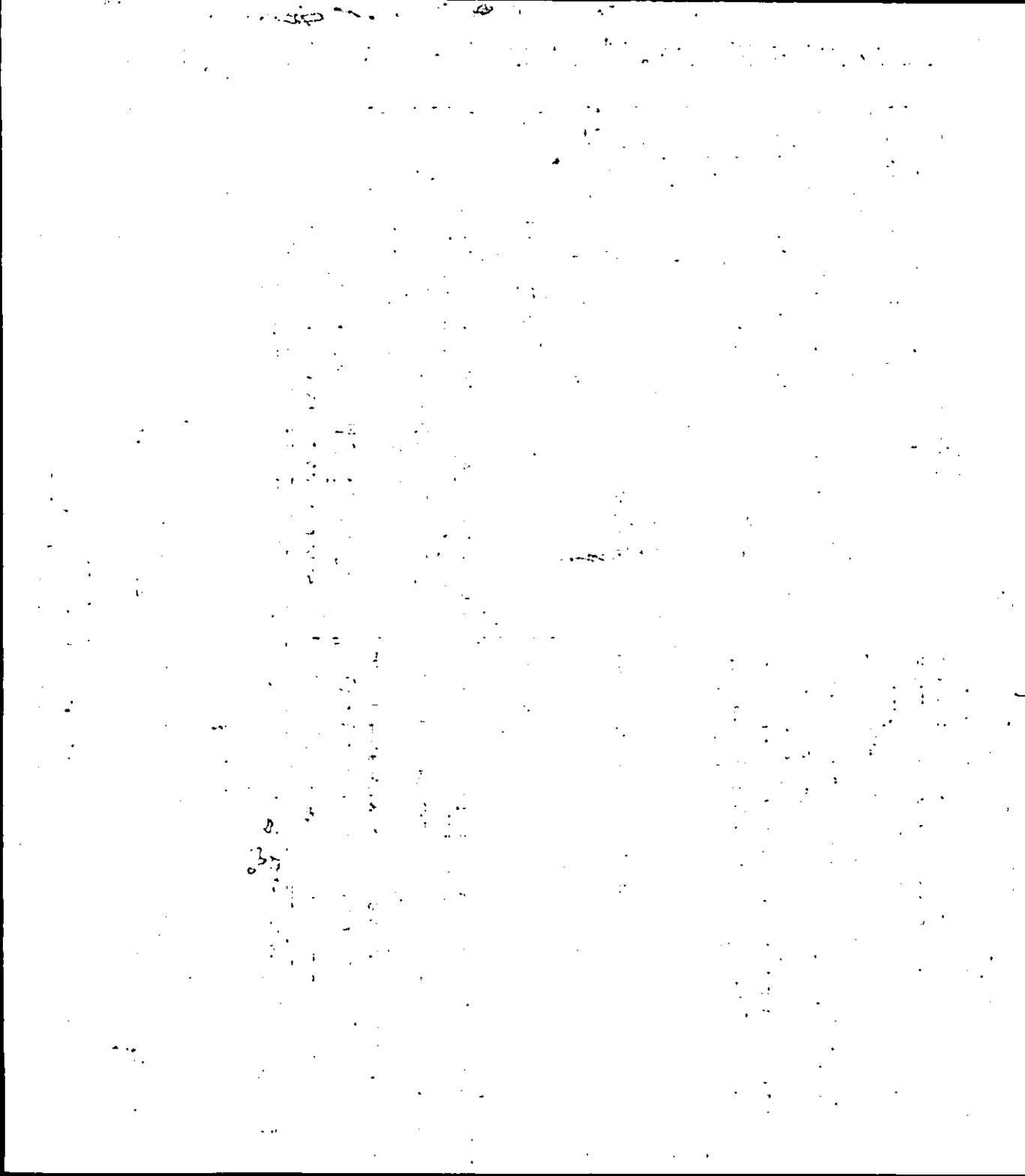
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Vernest A. Church*, M. D.

(Address) *St Charles Mo.*



St Charles

92

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Elda Wilmeyer*
Who died at _____ on *June 20 1935*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex *F* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years *41* Months *8* Days *6*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) *probably fibroid uterus*
Birthplace of father (State or country) *My husband died*
Birthplace of mother (State or country) *degeneration*
Principal cause of death: *not diagnosed. Do not know whether malignant or not as neither biopsy nor autopsy obtainable.*

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *930*
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician *Vincent A. Schenker*
Address of physician *St Charles Mo*
Signature of Registrar *Clarence B. Nesbit* Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 757

E. T. McLaugh
State Registrar
Special Agent.

Primary Reg. Dist. No. 3036

S-21623