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.

AUG 16 1934

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

Do not use this space.

30662

1. PLACE OF DEATH
County St. Louis — Registration District No. 7 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 243
City ~~Pine Lawn~~ (No. 3627 Pine Grove St. Ward)

2. FULL NAME Louise Wilkens
(a) Residence, No. 3627 Pine Grove St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Henry Wilkens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 22 1861

7. AGE: YEARS 72 — MONTHS 10 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Bokorst Germany

FATHER
13. NAME: Henry Bischoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Betty Eggers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Cath. McCullom 3627 Pine Grove Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kiel Wisconsin DATE: Aug, 8 1934

19. UNDERTAKER (ADDRESS): Boiderwieden Funeral Home 1936 St Louis Ave

20. FILED 8-7- 1934 H A Bachmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-7-34, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1934, to Aug 7, 1934
I last saw her alive on Aug 7, 1934. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocardosis	
59	
59	

Other contributory causes of importance:
Diabetes Mellitus.

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) L. Hayden, M. D.
(Address) 5899 Delmar