SEP 25 1934

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

Do not use this space.

30677

File No.

Registered No. 258

1. PLACE OF DEATH

County St. Louis — Registration District No. 790

Township Central — Primary Registration District No. 6033a

City ~~St. Louis~~ (No. , St. Louis County Hospital Ward)

2. FULL NAME Louise Noelken

(a) Residence, No. 3357 Marshall St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9th 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	10	29	

OCCUPATION

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

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 Henry Mahnken

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

MOTHER

15. MAIDEN NAME Louise Wortmann

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

17. INFORMANT (ADDRESS) Mrs Louise Linnemeyer 3357 Marshall

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peters DATE Aug 10 1934

19. UNDERTAKER (ADDRESS) Hy Leidner Und Co 1417 N Market St

20. FILED 8/9 1934 Robt J Ambrusti Registrar.

MEDICAL CERTIFICATE OF DEATH

13

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/8/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 3PM m.

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

Chr. pleural adhesions, chr. myocarditis, Chr. cardiac hypertrophy. Generalized arteriosclerosis. Cholycystites; pericholycystites; cholycystolithiasis, with stone

Date of onset

Other contributory causes of importance:

in the cystic duct. Sclerotic liver, with hepatitis, chr. angitis. Sclerotic ovaries.

Name of operation autopsy Date of yes

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

(Signed) Luke B. Turnon 8/9/34

(Address) 3718 Jennings Rd

Coroner St Louis Co Mo

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.

Secondary; Senility; cholycistitès with lithiasis, dehydration, caused by continuous vomiting. Uremia 10 days.