2 7 1935

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

Do not use this space.

File No. 20886

Registered No. 87

1. PLACE OF DEATH

County St. Louis — Registration District No. 333 784

Township St. Ferdinand — Primary Registration District No. 446

City ~~Bridgeton Mo.~~ (No. Bridgeston Mo. 6030 St. Ward)

2. FULL NAME Elizabeth Willen

(a) Residence, No. Bridgeston Mo. 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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1933.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	2	4	18	

OCCUPATION

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

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) Missouri

FATHER

13. NAME Ben Willen

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

MOTHER

15. MAIDEN NAME Sophie Litteken

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

17. INFORMANT Ben Willen
(ADDRESS) Bridgeston Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cem. DATE June 17/35.

19. UNDERTAKER Jos. W. Clark
(ADDRESS) 1125 Hoodiamont Ave.

20. FILED 6/17 1935 W. A. Zurter
Per C. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 6-29 1933, to June 16 1935

I last saw h. alive on June 16 1935. Death is said to have occurred on the date stated above, at 9.35 P.M.

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

	Date of onset
Intestinal Pesimus	

Other contributory causes of importance: Gastro enteritis + Spasms

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

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

If so, specify None

(Signed) L. M. Hartmann M. D.

(Address) 2743 N Grand

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.

2717 N. Grand Blvd.
Franklin Hall,
9:30-11 AM. 2-4 PM.

for Transcriber

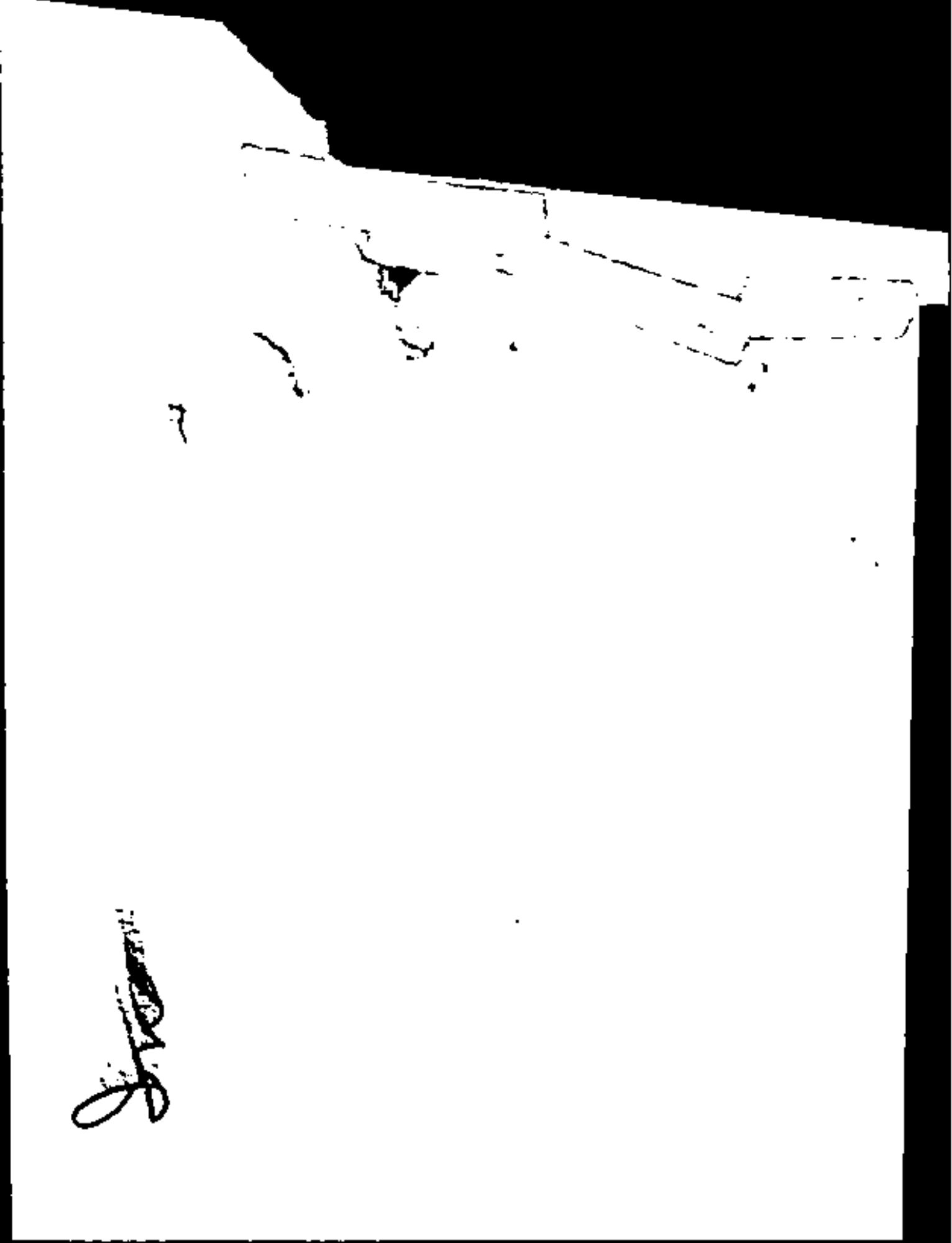
Intestional Peritonitis

stro enteritis and

rangulation

mentation of food

ded for intestional

rangulation

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