JAN 13 1936

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

Do not use this space.

40994

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 40156

City St. Louis (No. Barnes Hosp St. ..... Ward)

2. FULL NAME Victor Bernard Middeke

(a) Residence, No. 1000 Bittner St St., 8 Ward. ~~Baden Mo~~
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 7, 1900

7. AGE: 35 YEARS: X MONTHS: 10 DAYS: 24. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer.

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): Breese Ill

FATHER

13. NAME: Henry Middeke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Breese Ill

MOTHER

15. MAIDEN NAME: Katherine Richter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Breese Ill

17. INFORMANT (ADDRESS): Ann Middeke 1000 Bittner St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Breese Ill DATE: Dec 5, 1935

19. UNDERTAKER (ADDRESS): Math Hermann & Son 2161 Grand Ave

20. FILED DEC - 2 1935, 19 ..... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1935, to Dec 1, 1935

I last saw him alive on Dec 1st, 1935. Death is said to have occurred on the date stated above, at 8:25 A.m.

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

	Date of onset
Lobar pneumonia strep. rt.	11-21
Pleurisy c̄ effusion	11-25
Pericarditis	11-26

Other contributory causes of importance: 108

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

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) Paul Kunkel, M. D.

(Address) BARNES HOSPITAL

MARGIN RESERVED FOR BINDING

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.

V.S. NO. 2 100M-11-24-33