

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

Do not use this space.

469

FEB 18 1936

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township St. Francis Primary Registration District No. 3009
City Cape Girardeau St. Francis Hospital St. _____ Ward _____

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St. Francis Hosp. & St. Ward Bielle Route #1
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 11 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bankkeeper, etc. _____
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) Cassy Co. Mo.

FATHER 13. NAME Louis Wilbenmeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassy Co. Mo.

MOTHER 15. MAIDEN NAME Louise Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.

17. INFORMANT (ADDRESS) Mr. Louis Wilbenmeyer Bielle Route #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Apple Creek Cemetery DATE Jan 19, 1936

19. UNDERTAKER (ADDRESS) Bay View Co. Bielle Mo.

20. FILED 1-18-36 J. M. Benjamin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/14, 1936, to 1/18, 1936. I last saw her alive on 1/18, 1936. Death is said to have occurred on the date stated above, at 7:00 P. M.. The principal cause of death and related causes of importance were as follows:

Date of onset _____
Scarlet Fever
Other contributory causes of importance: Pneumonia (Broncho)

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? _____
If so, specify _____
(Signed) C. Smith, M. D.
(Address) Cape Girardeau Mo.

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.

