MAR 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 4682

Township — Primary Registration District No. 1001 — Registered No. 226

City St. Joseph. (No. 2005 Jones St. St. Ward)

2. FULL NAME Julia Augusta Dorothea Wickenhoefer

(a) Residence, No. 2005 Jones St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 65 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 Herman Wickenhoefer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	69	6	10	

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) Unknown Germany

FATHER

13. NAME Dietrich Luebbe

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

MOTHER

15. MAIDEN NAME Nanetta Max

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

17. INFORMANT (ADDRESS) Mrs. O. F. Roth 2005 Jones St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cemetery DATE Feb. 20, 1936, 19

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED FEB 20 1936, 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1936, to January 17, 1936

I last saw her alive on January 17, 1936. Death is said to have occurred on the date stated above, at 7.30 A.M.

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

Gastric Carcinoma — Date of onset

Other contributory causes of importance

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

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) C. E. Bender M. D.

(Address) 620 Francis St.

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.

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