

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.

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

Do not use this space.

23992

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles

Registration District No. 757
Primary Registration District No. 3036
St. Joe Hospital

File No. _____
Registered No. 106
St. _____ Ward _____

2. FULL NAME Louise Marie Wenke

(a) Residence, No. _____ 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 Female 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 Wm Wenke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 13, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 10 24

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. House Wife

10. Date deceased last worked at this occupation (month and year) May, 1, 1936 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co.

13. NAME Willman Woehrumann

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

15. MAIDEN NAME Mary Schwede

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co.

17. INFORMANT Wm Wenke
(ADDRESS) Hamburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Melle DATE June, 10 36

19. UNDERTAKER Morris Muschany
(ADDRESS) Hamburg, Mo.

20. FILED 6/10 1936 E. Lawrence B. Kessler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/23 1936, to 6/7 1936

I last saw her alive on 6/7/36 1936 Death is said to have occurred on the date stated above, at 12:15 Am.

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

Septicemia
Mastoiditis Date of onset 5/21/36

Other contributory causes of importance:
Septicemia Syphilitic 5/25/36

Name of operation Mastoidectomy Date of 5/24/36
What test confirmed diagnosis? Laboratory 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) Bay L. Heubner M. D.
(Address) St. Charles, Mo.

