

DEC 4 1936

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

Do not use this space. *ju*

38896

1. PLACE OF DEATH

County *St. Louis*
Township *Bonhomme*
City *Manchester*

Registration District No. *785*
Primary Registration District No. *6031*

File No. _____
Registered No. *125* Ward _____

2. FULL NAME

Wilhelmina Laspe

(a) Residence, No. *5214 Emily Ave.* St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Charles Laspe*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 22 1853*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 7 29

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) *Germany*13. NAME *? Richter*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*17. INFORMANT (ADDRESS) *Chas Laspe 5214 Emily Ave.*18. BURIAL, CREMATION, OR REMOVAL *New Bethlehem Cem* DATE *10-24-1936*19. UNDERTAKER (ADDRESS) *Reiderwieden Funeral Home 1936 Strauss Ave*20. FILED *10-22 1936 Agnes C Keely* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *October 21 1936*22. I HEREBY CERTIFY, That I attended deceased from *August 24, 1936, to October 21, 1936*

I last saw him alive on *October 21, 1936*. Death is said to have occurred on the date stated above, at *5:30 p.m.*

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

Hypostatic bronchopneumonia
Chronic myocarditis

Date of onset *Oct 21*Other contributory causes of importance: *Senility*Name of operation *none* Date of _____What test confirmed diagnosis? *Physical* Was there an autopsy? *no*23. If death was due to external causes (violence), fill in also the following: *no*
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) *B. P. Loving*, M. D.(Address) *Ballwin, Mo.*

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.

RECORD THIS IS A PERMANENT RECORD

