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

JAN 19 1937

Do not use this space.

46016

1. PLACE OF DEATH
County St. Louis — Registration District No. 784
Township St. Ferdinand — Primary Registration District No. 6030
City ~~St. Louis~~ (No. Villa Gesu, Riverview Drive St. Ward)

File No.
Registered No. 221

2. FULL NAME Sister Mary Artemia Wilke
(a) Residence, No. Riverview Drive 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ---
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25, 1871
7. AGE: YEARS 65 — MONTHS 3 — DAYS 6 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
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) Teutopolis Illinois

FATHER
13. NAME Henry Wilke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Bernadine Wessel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Sister Superior Honoria
(ADDRESS) Riverview Drive, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Villa Gesu Cemetery DATE December 5, 1936

19. UNDERTAKER C. Hoffmeister Und. & Livery Co.
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED Dec 4th, 1936 W. A. Zeitler Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to Nov 30, 1936
I last saw her alive on Nov 30, 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus (origin) with general metastasis	

Other contributory causes of importance

Name of operation Total Hysterectomy Date of Apr 1938
What test confirmed diagnosis? Yes 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) Albert Adenk, M. D.
(Address) 5388 N Union

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.

100M-3-28-35

Dr. Denk -
5388 N. Union
Co 80240