JAN 10 1937

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

Do not use this space.

46123

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11858

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. Barnes Hospital 1003 St. ..... Ward)

2. FULL NAME Margaret Wendling

(a) Residence, No. Overland, Mo. St., NR Ward. Overland Mo (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

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 Mathias

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	8	26	

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) Hungary

FATHER

13. NAME Conrad Birong

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

MOTHER

15. MAIDEN NAME Kate Muller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT (ADDRESS) Mathias Wendling Overland, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial DATE Dec. 4, 1936

19. UNDERTAKER (ADDRESS) J. L. Ziegenhein & Sons 7027 Gravois Ave.

20. FILED DEC 1 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 1 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 11 - 2 - 1936, to 12 - 1 - 1936

I last saw her alive on 12 - 2 - 1936. Death is said to have occurred on the date stated above, at 435A m.

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

	Date of onset
~~Septicemia~~	
CARCINOMA OF STOMACH	1935
ACUTE SUPPURATIVE PAROTITIS	11-36
STAPHYLOCOCCUS SEPTICEMIA	11-36
Not mumps	

Other contributory causes of importance: H61

Name of operation RESECTION OF STOMACH Date of 11-36

What test confirmed diagnosis? OPERATION Was there an autopsy? YES

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) Bradford Cannon, M. D.

(Address) Barnes Hospital

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.