

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

Do not use this space.

FEB 19 1937

1. PLACE OF DEATH

9. County St. Charles Registration District No. 755
 Township Fernside Primary Registration District No. 4453
 City Augusta Mo (No. _____) St. _____ Ward _____

File No. 2774
 Registered No. 2

2. FULL NAME

Wilhelmine C. Luekenager
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 26 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 F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rudolph Luekenager
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12 1857
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
79 5 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 230
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schlesburg Mo 31

MOTHER
 13. NAME Rudolph Baleman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
 15. MAIDEN NAME ✓
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT Bertha Engelage
 (ADDRESS) Augusta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Schlesburg Mo DATE Jan. 16 1937

19. UNDERTAKER Thielking & Muschany
 (ADDRESS) Augusta Mo

20. FILED Jan 15 1937 B. Mallinckrodt
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13 1937
 22. I HEREBY CERTIFY That I attended deceased from April 11 1934, to Jan. 13 1937
 I last saw her alive on Jan. 13 1937 Death is said to have occurred on the date stated above, at 6 P.m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Date of onset _____

Other contributory causes of importance: MA

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) H. O. Schmidt _____, M. D.
 (Address) Augusta, Mo.

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.

