

MISSOURI STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FEB 8 1937 '791  
1003

4103

File No. 1146  
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. St. Anthony's Hospt.) St. .... Ward)

2. FULL NAME Johanna Muhlke

(a) Residence, No. 3909a Meramec St. 15 Ward. 1  
(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 William C. Muhlke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23rd 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
45 2 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... 36 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME Victor DeGreeff

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

MOTHER 15. MAIDEN NAME Marie Kratzer

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

17. INFORMANT (ADDRESS) William C. Muhlke  
3909a Meramec

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul 1/27/37

19. UNDERTAKER (ADDRESS) Wacker & Helderle  
2531 S. Broadway

20. FILED 11-26 1937 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24th, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 24 1937 Jan 23 1937, to Jan 23 1937,  
I first saw her alive on Jan 23 1937 Death is said to have occurred on the date stated above, at 2:40 P.M.

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

Carcinoma of Transverse Colon  
Primary seat in Colon

Other contributory causes of importance:  
Carcinoma of Liver and Female Organs

Name of operation none Date of .....  
What test confirmed diagnosis? Plum 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?  
If so, specify None  
(Signed) J. H. Wallace, M. D.

(Address) 505 a garden

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.

