

MAR 5 - 1937

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

Do not use this space.

8350

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo. (No. 2236 Warren Street.)

Registration District No. 791  
Primary Registration District No. 1003

File No. ....  
Registered No. 1801  
St. .... Ward)

2. FULL NAME Johanna Larkin,

(a) Residence, No. 2236 Warren Street, St. 2D 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) Widowed.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
71 ~~75~~ 11 8 22

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. at home  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation 10

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

13. NAME Otto Wendt

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

15. MAIDEN NAME Wilhelmina Witt

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

17. INFORMANT William P. Diehl  
(ADDRESS) 2240 Sullivan Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Peter's DATE Feb 13, 1937

19. UNDERTAKER Wm. L. Reidman, M.D. & Co.  
(ADDRESS) 1417 N. Douglas St.

20. FILED 1937  
J. Bredner  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 3rd, 1937, to Feb 10th, 1937.  
I last saw her alive on Feb 9th, 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Acute Bronchitis 1-29-37  
Chronic Interstitial Nephritis ?  
Other contributory causes of importance:  
uracemia 18 23-37  
Angioma 1-29-37

Name of operation none Date of .....  
What test confirmed diagnosis? Physiologic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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 no  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) Joseph H. Davis M. D.  
(Address) Century Bldg.

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.

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