

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

2. County Cal Registration District No. 213 File No. 16111
Township Jefferson City Mo. Primary Registration District No. 3014 Registered No. 134
City St. Marys Kaspa (No. 1) St. _____ Ward _____

2. FULL NAME

Anna Wenzel
(a) Residence, No. _____ 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 W 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) May - 18 - 1893

7. AGE YEARS 53 MONTHS 10 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Leather Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. factory

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) Carthage Mo

13. NAME Wm Wenzel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

15. MAIDEN NAME Anna Wenzel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

17. INFORMANT (ADDRESS) A. Wenzel

18. BURIAL, CREMATION, OR REMOVAL PLACE Worshipburg DATE 4-5-37

19. UNDERTAKER (ADDRESS) W. B. Wells

20. FILED 4/6/37 D. W. Bradford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/17, 1937, to April 3, 1937

I last saw him alive on April 30, 1937. Death is said

to have occurred on the date stated above, at _____ m.

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

Date of onset

bleeding ulcer

Other contributory causes of importance:

11/12

Name of operation Mastec - Enterotomy Date of 3/17/37

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) S. B. Beal M. D.

(Address) Jefferson City, Mo.

SEP 27 1957