

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

Do not use this space.

JUL 8 - 1937

**791
1008**

File No. **21879**
Registered No. **5631**

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City **ST. LOUIS MO** (No. **500 So. Kingshighway**)..... St. Ward)

2. FULL NAME Evelyn Wiedinghagen

(a) Residence, No. **5418 Arlington** St., **7** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **child**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-7-1937** , 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **child**

22. I HEREBY CERTIFY, That I attended deceased from **June 1, 1937** , 19, to **June 7, 1937** , 19.

I last saw her alive on **June 7, 1937** Death is said to have occurred on the date stated above, at **2:45 PM**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7-28-1923**
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
13 10 9

Staph. aureus septicemia
Cause undetermined

Date of onset

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

Other contributory causes of importance: **56**

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

Name of operation..... Date of.....
What test confirmed diagnosis? **Bt. culture** Was there an autopsy? **Yes**

MOTHER FATHER 13. NAME **Louis**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

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)

MOTHER 15. MAIDEN NAME **Minnie Gieseke**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) **I. S. Westhoff**
500 So. Kingshighway

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE **Luby Chapel** DATE **June 9, 1937**

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

19. UNDERTAKER (ADDRESS) **Hyde Park**
1417 W. Market St

(Signed) **A. C. P. 77. Burlew** M. D.

20. FILED **JUN 8 1937** **J. H. Bredeck**
Registrar.

(Address) **501 S. Kingshighway**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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