

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

Do not use this space.

JUL 8 - 1937

**791
1003**

22160

File No. **4878**
Registered No. **5912**

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City (No. **Missouri Baptist Hosp. 1** St. Ward)

2. FULL NAME

Mrs. Carrie Wendemuth
(a) Residence, No. **6324 Vermont**, 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*) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **DEC 14 - 1856**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
85	80	6	1	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York City NY**

13. NAME **FRANK TREIBER**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

15. MAIDEN NAME **MARGARETT. LUEKNER**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

17. INFORMANT **CARRIE STRENHAUS**
(ADDRESS) **6324 VERMONT.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt Hope Cem** DATE **JUNE 19 1937**

19. UNDERTAKER **Jos. P. FENDLER JR.**
(ADDRESS) **7128 MICHIGAN AV**

20. FILED **JUN 17 1937** **J. P. Predeck** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-15-1937**

22. I HEREBY CERTIFY, That I attended deceased from **5/21-37**, 19..... to **6/15-37**, 19.....
I last saw h. **22** alive on **6/15-37** **45** yrs., 19..... Death is said to have occurred on the date stated above, at **10:45** p.m.
The principal cause of death and related causes of importance were as follows:

Hemorrhage cerebral
Eclampsia seen and cerebral

Other contributory causes of importance:

Name of operation **2nd** Date of
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?
If so, specify
(Signed) **J. P. Predeck**, M. D.
(Address) **4932 Mont. Ave.**

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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