

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1003

32502  
Do not use this space.

Registered No. 8556

OCT 14 1937

1. PLACE OF DEATH  
(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. 4900 Hooke Avenue ..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louise Wilcox  
(a) Residence, No. 4900 Hooke Avenue St. 7  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of Charles Wilcox</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 13, 1879</u>				
7. AGE YEARS <u>35</u>	MONTHS <u>57</u>	DAYS <u>8</u>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. ....			
	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) <u>Quincy, Illinois</u> <u>Illinois</u>				
FATHER	13. NAME <u>William Rensch</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Johanna Panakoke</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maine</u>			
17. INFORMANT <u>Charles Wilcox</u> (ADDRESS) <u>4900 Hooke Ave.</u>				
18. BURIAL <del>PLACE OF BURIAL</del> <u>VA HALLA CREMATORY</u> PLACE OF BURIAL <u>Mt. Lebanon Cem</u> DATE <u>Sep 13, '37</u>				
19. FUNERAL DIRECTOR <u>Kraeger-Voss-Fix</u> (ADDRESS) <u>3402 No. Kingshighway</u>				
20. FILED <u>J. F. Bredeek</u> <u>Local Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Sept. 10, 1937</u>
22. I HEREBY CERTIFY That I attended deceased from <u>1928</u> <u>Sept. 10, 1937</u> er <u>Sept. 10, 1937</u> to <u>19</u> I last saw h <u>er</u> alive on <u>Sept. 10, 1937</u> 19..... Death is said to have occurred on the date stated above, at <u>10 A</u> m. The principal cause of death and related causes of importance were as follows: <u>Adeno carcinoma of the left breast with metastasis to the right hip.</u> Date of onset <u>1928</u>	
Other contributory causes of importance: <u>General ascites, due to chronic interstitial nephritis.</u> <u>March 1937</u>	
Name of operation	<u>Removal of breast</u> 1928
What test confirmed diagnosis?	<u>Biopsy</u> Date of <u>No</u>
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? <u>NO</u> If so, specify <u>Aspirin</u> M. D. (Signed) <u>J. F. Bredeek</u> (Address) <u>320 Metropolitan Bldg.</u>	

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hoppe, Licensed Embalmer No. 2971

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Albert G. Hoppe

Licensed Embalmer No. 2971

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**