JAN 10 1938

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

Do not use this space.

42915

File No. 11165
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791 1
Township ..... Primary Registration District No. 1003 1
City ..... (No. DePaul, Hosp. St. ..... Ward)

2. FULL NAME Wilhelmina C. Mengersen.

(a) Residence, No. 3722 a Lee Ave. St., 10 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Mengersen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): dec. 8. 1872

7. AGE: Years 64 | Months 11 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262
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): St. Louis, Mo.

FATHER
13. NAME: John Muckermann,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 18

MOTHER
15. MAIDEN NAME: Johanna Helmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

17. INFORMANT: John Mengersen
(ADDRESS) 3722 Lee Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 12/6/37 19

19. UNDERTAKER: W. A. Stock Und. Co.
(ADDRESS) 2117 E. Grand Blvd.

20. FILED DEC 4 1937 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3. 1937 19

22. I HEREBY CERTIFY, That I attended deceased from 7/20, 1936, to 12/2, 1937
I last saw her alive on 12/2, 1937. Death is said to have occurred on the date stated above, at 5¹⁵ Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	12/3/37
59	

Other contributory causes of importance:

diabetes	?
cellulitis of left foot	11/20/37
chronic myocarditis	?

Name of operation ..... 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? No
If so, specify .....
(Signed) John J. Blasko, M. D.
(Address) 3903 Lee 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.

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

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