

JAN 10 1938

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

43289
Do not use this space.
11539

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St Louis, Mo.** (d) Street No. **5867 Manchester Rear** St. **4**
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Catherina Barbara Wickert**

(a) Residence, No. **5867 Manchester Rear** St. **4** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fred Wickert**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 18 1861**
 7. AGE YEARS **76** MONTHS **7** DAYS **76** If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 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) **12-14-1936** 11. Total time (years) spent in this occupation **23**

12. BIRTHPLACE (CITY OR TOWN) **Baden** (STATE OR COUNTRY) **Germany 10**

FATHER 13. NAME **Balzer Engler**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY) **10**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY) **10**

17. INFORMANT **Fred Wickert** (ADDRESS) **5867 Manchester ave (Rear)**

18. BURIAL, CREMATION, OR REMOVAL PLACE **OAK HILL CEM.** DATE **DEC. 16 1937**

19. FUNERAL DIRECTOR **Mittelberg Funeral Home** (ADDRESS) **73 N. Lockwood St. Webster Groves**

20. FILED **DEC 15 1937** 19 **St. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 14 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **May 21 1937** to **Dec 14 1937**
 I last saw her alive on **Oct. 6th 1937** Death is said to have occurred on the date stated above, at **100** m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance **Arteriosclerosis**

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? **Yes**
 If so, specify **R. Bruce Murphy** M. D.
 (Signed) **R. Bruce Murphy** (Address) **6170 Victoria Ave**

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.

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STATEMENT BY LICENSED EMBALMER

I, Benj C. Duncan, Licensed Embalmer No. 2272
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 Benj C. Duncan
Licensed Embalmer No. 2272

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.)