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.

REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County St Charles
Township Dardenne
City Orallon
Registration District No. 760 B
Primary Registration District No. 6001
File No. 8024
Registered No. 41
(No. ..... St. ..... Ward)

2. FULL NAME Mrs. Angeline Wilhelm 4 U.S.
(a) Residence, No. Orallon St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF August Wilhelm
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28-1872
7. AGE YEARS 65 MONTHS 5 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, 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) Foristell Mo
FATHER
13. NAME not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
17. INFORMANT (ADDRESS) August Wilhelm Orallon Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Orallon Mo. DATE 3-10 1938
19. UNDERTAKER (ADDRESS) E A Keithly Orallon Mo
20. FILED Mch 8 1938 E A Keithly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to March 7, 1938
I last saw her alive on March 1, 1938 Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:
Auricular Fibrillation — Date of onset 3-7-38
Other contributory causes of importance:
Chronic myocarditis
Aortic insufficiency
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) Nicholas J. Honich, M. D.
(Address) O'Fallon, Mo.