

1938

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

Do not use this space.

16123

1. PLACE OF DEATH

County Warren
Township Charotte
City (No.) (St.) (Ward)

Registration District No. 884
Primary Registration District No. 6176

File No.
Registered No. 13

2. FULL NAME

Anna Emma Willenbrink 452

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 11 mos. 13 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) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27-1899
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 11 13

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12, 1938
22. I HEREBY CERTIFY That I attended deceased from Apr 10, 1938, to Apr 12, 1938.
I last saw h. live on Apr 11, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

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.

Date of onset history 5 years
Toxic adenoma of the thyroid
acute myocarditis 2 days
Other contributory causes of importance: 662

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dutzow Mo

MOTHER FATHER 13. NAME Theodore Willenbrink

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dutzow Mo

MOTHER 15. MAIDEN NAME Marie Domasheim

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

17. INFORMANT Eugene Willenbrink (ADDRESS) Dutzow Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dutzow Mo DATE Apr 14, 1938

19. UNDERTAKER Addine Lichtenberg (ADDRESS) Marthasville Mo

20. FILED April 13, 1938 A. C. Johnson Registrar.

Name of operation none Date of
What test confirmed diagnosis? chemical 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) H. S. Schuch M. D.
(Address) Marthasville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

