

REC'D JUL 12 1938

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

20236

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. 78  
(b) Township..... Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. Deaconess Hospital St. 15  
(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.

Registered No. 5375

## 2. PRINT FULL NAME

Aline H. Wilke  
(a) Residence, No. 8531 Concord Place St. 8  
(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 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 A. Wilke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
52 3 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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) Louisville  
(STATE OR COUNTRY) Ky

FATHER 13. NAME Charles E. Ochsenhirt  
14. BIRTHPLACE (CITY OR TOWN) Louisville  
(STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Elizabeth Schweitzer  
16. BIRTHPLACE (CITY OR TOWN) Louisville  
(STATE OR COUNTRY) Ky

17. INFORMANT Mrs. Julia H. Nickel  
(ADDRESS) 8531 Concord Place

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park DATE June 14, 1938

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son  
(ADDRESS) 2161 East Fair Avenue

20. FILED J. F. Bredeck  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1938 to June 7, 1938

I last saw her alive on 11th June 1938 Death is said to have occurred on the date stated above, at 8:00 P. M.

The principal cause of death and related causes of importance were as follows:

Feb 138 Date of onset  
myocardial infarction caused by streptococcal infection from tuberculosis

Other contributory causes of importance:

Emphysema of lungs

Name of operation Thoracotomy Date of 10/25/38  
What test confirmed diagnosis? None Was there an autopsy? Yes

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) W. Jackson Miller, M. D.  
(Address) 4000 West 12th St

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*William G. Buckholz*

Licensed Embalmer No. *2110*

P. O. Address *St Louis Mo*

**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.)**

**If this body is not embalmed, above space should be left blank.**