REC'D FEB 25 1939

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

Do not use this space.

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1. PLACE OF DEATH
County St. Charles — Registration District No. 757 — File No.
Township — Primary Registration District No. 3036 — Registered No. 9
City St. Charles — St. Jos. Hospital — St. Ward)

414

2. FULL NAME ELIZABETH LUCILLE WOELFEL
(a) Residence, No. MEPPIN, ILLINOIS St., 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. 5 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): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 25th 1938
7. AGE: YEARS — MONTHS: 8 — DAYS: 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: BABY
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): BATCHTOWN Illinois

FATHER
13. NAME: George Woelfel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MEPPIN ILLINOIS

MOTHER
15. MAIDEN NAME: Rose Lepin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MEPPIN ILLINOIS

17. INFORMANT (ADDRESS): George Woelfel BATCHTOWN, ILLINOIS
18. BURIAL, CREMATION, OR REMOVAL PLACE: ST. JOSEPH CEMETERY MEPPIN, ILLINOIS DATE: JAN 21 1939
19. UNDERTAKER (ADDRESS): H. W. Gubser Jerseyville, Ill.
20. FILED 7/19 1939 Clarence G. Wessler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/18, 1939
22. I HEREBY CERTIFY, That I attended deceased from 1/14, 1939, to 1/18, 1939
I last saw her alive on 1/18, 1939. Death is said to have occurred on the date stated above, at 12:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	1/6/39
Other contributory causes of importance:	
Laryngeal oedema	1/13/39

Name of operation: Tracheotomy — Date of 1/17/39
What test confirmed diagnosis? Clinical — Was there an autopsy? no

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) B. L. Newbrier M. D.
(Address) St. Charles, Mo.

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.

c. Wessler. city clerk.