

REC'D MAR 13 1939

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

4836
Do not use this space.

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. **3801 Gravois Ave.** Registered No. **1529**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Magdalen of St. Francis of Assissi (Sophie Wuebben) 50
(a) Residence, No. **3801 Gravois Avenue** St. **16**
(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) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 10, 1860**

7. AGE YEARS **79** MONTHS **1** DAYS **6** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Religious.**
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) (STATE OR COUNTRY) **Broansher Germany**

FATHER 13. NAME **Unknown (Wuebben)**

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

MOTHER 15. MAIDEN NAME **Sophie Wuebben**

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

17. INFORMANT (ADDRESS) **Sr. Mary of St. Rose Virginie 3801 Gravois Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Feb. 17, 1939**

19. FUNERAL DIRECTOR (ADDRESS) **Arthur J. Donnelly, 3840 Lindell Blvd.**

20. FILED **FEB 16 1939** **J.P. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 16 1939**

22. I HEREBY CERTIFY, That I attended deceased from **July 12, 1935** to **Feb 16, 1939**
I last saw him alive on **Feb. 15, 1939**. Death is said to have occurred on the date stated above, at **12:50 a.m.**
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis Date of onset **1935**

Other contributory causes of importance: **History of Asthma 1930**
Chr. Glomerulonephritis 1937
Hypertension 1935

Name of operation **None** Date of operation
What test confirmed diagnosis? **Microscopic** 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 **None**
(Signed) **P.E. Mc Gurt** M. D.
(Address) **3547 Wyoming**

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed *Stanley Marchewski*

Licensed Embalmer No. *2868*

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.)