

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8373
Do not use this space.

REC'D APR 12 1939

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1008
(c) City or St. Louis (d) Street No. Lutheran Hospital St.
(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. 2138

2. PRINT FULL NAME 143 Ida Wuebbold

(a) Residence, No. 3640 Loughborough St. 1
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 14, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household
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) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Menkens

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

MOTHER 15. MAIDEN NAME Meta Brandt

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

17. INFORMANT (ADDRESS) Mr. George Baisch 4350 Taft Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Luth. Cem. DATE March 6, 1939

19. FUNERAL DIRECTOR (NAME) Beiderwieden F. Home, Inc. (ADDRESS) 1936 St. Louis Avenue

20. FILED MAR 6 1939 J. D. Buehler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1939, to March 3, 1939. I last saw her alive on March 3, 1939. Death is said to have occurred on the date stated above, at 10:00 a.m. The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset

Other contributory causes of importance
Chronic Nephritis

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
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 Otto C. Baisch, M. D.
(Signed) (Address) 3152 1/2 Park Ave.

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.

3157 & back
10:30-noon
6:30-8

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.....

Lorow Percy....., Registered Apprentice No. *141*
working under my personal supervision.

Signed..... *[Signature]*

Licensed Embalmer No. *3737*

P. O. Address *1936 G. Louis Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

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