

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

10106  
 Do not use this space.

REC'D APR 6 1939

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township St. Joseph Primary Registration District No. 1001  
 (c) City St. Joseph (d) Street No. 715 South 22nd St.  
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Anna Wegenka  
 (a) Residence, No. 715 South 22nd St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Wegenka  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1864  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 7 17  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Poland  
 FATHER 13. NAME (unk) Karkoszka  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland  
 MOTHER 15. MAIDEN NAME Mary (unknown) LAST NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland  
 17. INFORMANT Anna Boleski  
 (ADDRESS) 715 South 22nd  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mt Olivet DATE March 16, 1939  
 19. FUNERAL DIRECTOR (NAME) Barry-Wylie Funeral  
 (ADDRESS) 218 South 10th  
 20. FILED Mar 17 39 HJ. Neaglebusch  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1939  
 22. I HEREBY CERTIFY, That I attended deceased from March 6, 1939 to March 13, 1939  
 I last saw her alive on March 9, 1939. Death is said to have occurred on the date stated above, at 7 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Influenza and Bronchopneumonia  
Dysentery Acute  
 Date of onset 3/5/39  
 Other contributory causes of importance:  
Chronic Sclerosis  
 Name of operation none Date of 11/2  
 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 Home  
 (Signed) Gordon Wright MD, M. D.  
 (Address) 845 So. 14 St. Saint Joseph, 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.

**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, D. E. Ryan

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

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

Signed D. E. Ryan

Licensed Embalmer No. 3613

P. O. Address Ht. Joseph, 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.**