

REC'D JUN 12 1939

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

16680
Do not use this space.

791
1003

Registered No. 4214

1. PLACE OF DEATH
(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City..... St. Louis, Mo. (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.

2. PRINT FULL NAME ²⁵⁵ Mrs. Julia Wichman,
(a) Residence, No. 6442 Alabama Avenue 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul J. Wichman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1st, 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 - 2
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) Kendallville
(STATE OR COUNTRY) Indiana

13. NAME August Detering
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Louise Holzer
16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Mr. Paul J. Wichman
(ADDRESS) 6442 Alabama Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cemetery DATE May 6, 1939

19. FUNERAL DIRECTOR (NAME) Beiderwieden F. H. Inc.
(ADDRESS) 1936 St. Louis Ave.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 30, 1939, to May 3, 1939
I last saw her alive on May 3, 1939 Death is said to have occurred on the date stated above, at 7:45 P.M.
The principal cause of death and related causes of importance were as follows:

P. Lobar pneumonia, unspecified right lower lobe
Other contributory causes of importance:
1. Emphysema, central lobar, right, chronic
2. Chronic myocarditis.

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) A. J. Shelton, M. D.
(Address) 4700 Virginia

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.

MAY 6 1939

