No. 2
-10-39
17-39

FILED MAY 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14345

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 435

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community Life-time years, months or days) 5 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 1114 Messanie (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Edith D. Wynek

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis M. Wynek

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September (Month) 29th (Day) 1875 (Year)

8. AGE: Years 64 | Months 6 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House-wife 0

11. Industry or business

FATHER
12. Name Henry Hoffmeister 6
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Augusta Bertram 6
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Louis M. Wynek

(b) Address 1114 Messanie Str. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof APR. 16, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman Wm. Schuefaden

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Apr. 15, 1940 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th year 1940 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 11 - 1939, to April 4, 1940 that I last saw her alive on April 4, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Carcinomatosis	unknown
Due to Primary Ca Ovary	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death) 49	

Major findings:
Of operations
Of autopsy General Carcinomatosis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

85

While at work? (e) Means of injury

23. Signature Gustav A. Lau (M. D. or other) 1

Address Kirkpatrick Bldg. St. Joseph Date signed 4/15-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, Mo.

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

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