2708 Lynch, ~~2820 S. Grand~~ Dr Schneider

1236-78 226

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

Do not use this space.

7 to 8

25922

File No. 17538

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. 3426 Juniata St. ..... Ward)

2. FULL NAME Wilhelmena D Ohle

(a) Residence. No. 3426 Juniata St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 26-1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	8	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER Henry Geicks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Doris Knorel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Catherina Huehn
(Address) 3426 Juniata St St Louis Mo

15. FILED AUG 29 1927, 19..... Max G Starkloff
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1927, to Aug 21, 1927, that I last saw her alive on Aug 20, 1927, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1944 (1) Angina Pectoris

93C

91

Chronic Myocarditis, Arteriosclerosis (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) 2 yrs. ..... mos. ..... ds.

89

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

O DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Course

(Signed) N A Schneider M.D.

8-21, 1927 (Address) 2708 Lynch St. St Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: S S Peter + Paul Cem — DATE OF BURIAL: 8-24 1927

20. UNDERTAKER: Weick Bros — ADDRESS: So Grand

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.