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.

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

Do not use this space.

15646

File No. 15916

Registered No. 8

1. PLACE OF DEATH

County Warren

Township Hickory Grove

City Wright City Mo (No. ..... St. ..... Ward)

Registration District No. 882

Primary Registration District No. 4535

2. FULL NAME Wilhelmine Diekroeger (Nee Schmidt)

(a) Residence. No. ..... 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: 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 Widowed Henry Diekroeger, Sr.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16" 1841

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
86.	7	5	

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) Kuppendorf Hanover
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Henry Schmidt

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

12. MAIDEN NAME OF MOTHER Krome

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

14. INFORMANT Mrs. Emma Ruge (Bangle)
(Address) Wright City Mo

15. FILED 4/24/1928 E. A. Thiesmeier MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21st 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 18th, 1928, to Apr 21st, 1928, that I last saw h. Ev. alive on Apr 21st 1928, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93C

90B

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

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? —

(Signed) W. S. Clarenbach, M. D

4/22, 1928 (Address) Wright City 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: Wright City Cemetery

DATE OF BURIAL: Apr 24 1928

20. UNDERTAKER: C. G. Nieburg Wright City Mo

ADDRESS