

WAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles

Registration District No. 757

File No. 6194

Township St. Charles

Primary Registration District No. 3036

Registered No. 25

City St. Charles (No. 1721, North 3rd) St. _____ Ward _____

2. FULL NAME Berlak Ihlmannsiek

(a) Residence, No. 1721 N. 3rd 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

MEDICAL CERTIFICATE OF DEATH

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 Fred Ihlmannsiek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12 - 1912

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>21</u>	<u>11</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, 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) Warrenton (STATE OR COUNTRY) Mo.

13. NAME Peter Hollander

14. BIRTHPLACE (CITY OR TOWN) W. Fallers (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Lola Richards

16. BIRTHPLACE (CITY OR TOWN) Warrenton (STATE OR COUNTRY) Mo.

17. INFORMANT Fred Ihlmannsiek (ADDRESS) 1721 N. 3rd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton Mo. DATE July 22 1934

19. UNDERTAKER H. D. Hallmeyer & Sons Co (ADDRESS) 800 N. 3rd St. St. Charles Mo.

20. FILED 7/21 1934 St. Charles Mo. Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1934

22. I HEREBY CERTIFY That I attended deceased from July 3, 1934, to July 19, 1934

I last saw her alive on July 19, 1934. Death is said to have occurred on the date stated above, at 10:50 P. M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance: Scarlet fever

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____ If so, specify _____

(Signed) L. P. Hardin, M. D.

(Address) St. Charles, Mo.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH St. Charles
 County St. Charles Registration District No. 757
 Township St. Charles Primary Registration District No. 3036
 (No. St. Ward)
 2. FULL NAME Beulah Whemansack
 (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.

6194
 File No.
 Registered No. 25

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>M</u> (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, 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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE DATE 19..				
19. UNDERTAKER (ADDRESS)				
20. FILED 19 <u>Clarence E. Hessler</u> Registrar				

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb 19, 1934</u>
22. I HEREBY CERTIFY, That I attended deceased from 19.. to 19..
I last saw him alive on .., 19.. Death is said to have occurred on the .. m. The principal cause of death and related causes of importance were as follows: <u>Peritonitis</u> <u>Scarlet fever</u> <u>no other complications</u> Date of onset ..
Other contributory causes of importance <u>Scarlet fever</u> <u>no other complications</u>
Name of operation .. Date of ..
What test confirmed diagnosis? .. Was there an autopsy? ..
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? If so, specify .. (Signed) <u>I. P. Horder</u> , M. D. (Address) <u>St. Charles, MO</u>

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-6194