

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

34317
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1000A Registered No. 9303
 (c) City St. Louis, Mo. (d) Street No. BARNES St. AL
 (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

(a) Residence, No. 5730 PARK LANE St. 7
 (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 Elmer C. Mey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	40	10	0	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) St. Louis (STATE OR COUNTRY) Mo. 0

FATHER 13. NAME William Wollbrinck

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) Mo. 0

MOTHER 15. MAIDEN NAME Minnie Kamp

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo. 0

17. INFORMANT Elmer C. Mey (ADDRESS) 4730 Park Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Oct. 27 1938

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son (ADDRESS) 2161 East Fair Avenue

20. FILED OCT 26 1938 J. Brebeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-15-38, 1938, to 10-23, 1938

I last saw h. or alive on 10-23, 1938 Death is said to have occurred on the date stated above, at 11:30 P. M.

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

Carcinoma of Cervix Uteri

Other contributory causes of importance Metastases to abdominal organs
 Date of onset

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) F. R. Bradley, M. D.
 (Address) BARNES HOSPITAL

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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, Mo.

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

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