

NOV 16 1938

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

34409

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... 2 Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003** Registered No. **9395**  
(c) City **St. Louis** (d) Street No. **4937 Lotus Av.** St.  
(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

Angelina Wich  
(a) Residence, No. **4937 Lotus Av.** St. **6** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 **Joseph F. Wich**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 7-1880**  
7. AGE YEARS **58** MONTHS **7** DAYS **21** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **House Work**  
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) **Freeburg Ill.**FATHER 13. NAME **Franz Hellrung**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ger.**MOTHER 15. MAIDEN NAME **Kath. Bumb**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ger.**17. INFORMANT (ADDRESS) **Jos. F. Wich 4937 Lotus Av.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Oct. 31 1938**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Funerary Home 4746 N. Florissant Ave.**20. FILED **OCT 29 1938** **J. Bredel** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 28 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 30 1937**, to **Oct 28 1938**  
I last saw her alive on **Oct 26 1938** Death is said to have occurred on the date stated above, at **9** m.  
The principal cause of death and related causes of importance were as follows:

**Coronary Thrombosis** Date of onset **10-28-38**

**Arteriosclerosis** **4-30-37**

Other contributory causes of importance:

Name of operation **none** Date of.....  
What test confirmed diagnosis? **Smear** Was there an autopsy? **No**

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? **No**

(Signed) **John W. McDonald**, M. D.  
(Address) **539 N. Grand**

**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.....

*Guy W. Wilkinson*

Licensed Embalmer No. 3575

P. O. Address.....

**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.**

10-12-01  
G. W. Wilkinson