

No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29349

FILED SEP 8 1941

Registration District No. 784

Primary Registration District No. 202

Registrar's No. 1768

1. PLACE OF DEATH:

(a) County St. Louis Co.
(b) City or town Affton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9423 Daisy Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) Count St. Louis 96
(c) City or town Affton, Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No 9423 Daisy Lane
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Christina M. Wolken

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 26 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name George Luehrmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Smith
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Bechtold
(b) Address 9423 Daisy Lane

17. (a) Burial (b) Date thereof Aug 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Mascus

18. (a) Signature of funeral director Walter Helmer
(b) Address 3634 Gray's Ave.

19. (a) AUG 26 1941 (b) E. J. McShannon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24
year 1941 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from August 14th. 1941 to August 24th. 1941
that I last saw her alive on August 24th. 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute endocarditis

Due to following
Dermatitis exfoliation 15 1/2 10 days

Due to _____
Other conditions gla
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Christina M. Wolken (M. D. or other) _____
Address 2278 S. Jefferson Date signed 8-25-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Robert C. Wheeler
Licensed Embalmer No. 2128
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, fact should be so stated above.