WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

6521

1. PLACE OF DEATH

County.....

Township.....

City St Louis (No. 1411 a Carroll St. ..... Ward)

Registration District No. 791

Primary Registration District No. 1003

File No. .....

Registered No. 1738

2. FULL NAME Blanche Wehmeyer

(a) Residence. No. 1411 a Carroll St., 23 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): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Wehmeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feby 3 1904

7. AGE: Years 23 | Months 00 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co Mo

PARENTS

10. NAME OF FATHER: Louis Hesselmeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Union Mo

12. MAIDEN NAME OF MOTHER: Annie Brewer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Buscomade Co Mo

14. INFORMANT (Address): Louis Hesselmeyer 1324 St Ange ave

15. FILED FEB 20 1927 19 Mayle Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1927, to Feb 19, 1927, that I last saw her alive on Feb 14, 1927 and that death occurred, on the date stated above, at 11 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Brights Disease

Puerperal

146

148 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Uraemic Coma

(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urine

(Signed) W. Sainsbury, M. D

Feb 19, 1927 (Address) 1419 So 7th St.

*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: Rosebud Mo

DATE OF BURIAL: Feby 21st 1927

20. UNDERTAKER: Frank Nettlage

ADDRESS: 407 Chouteau