

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

Do not use this space.

2767

**1. PLACE OF DEATH**

County..... Registration District No. 791 File No. 11 842  
 Township..... Primary Registration District No. 1003 Registered No. 11 842  
 City St. Louis (No. ....) St. .... Ward

**2. FULL NAME** MARY WELLMANN

(a) Residence. No. 1419 Destrahan St. man 26 Ward. (If nonresident give city or town and State)  
 (Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | white | widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY 6<sup>th</sup> 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
69 | 8 | 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Reuber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sophia Henze

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT Theodore Reuber  
 (Address) 3440 Blair Ave

15. FILED 11 10 1928 Man G. Starkeoff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-9-1928

17. I HEREBY CERTIFY That I attended deceased from 12-20, 1926, to 1-8-, 1928 that I last saw h. alive on 1-8-, 1928, and that death occurred, on the date stated above, at 3:58 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Bronchitis Pneumonia  
107A

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) 107A  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical

(Signed) Chas. E. Baker, M. D.

1-9-, 1928 (Address)

\*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 DATE OF BURIAL

Calvary Cemetery Jan 11<sup>th</sup> 1928

20. UNDERTAKER ADDRESS

Edward Koch 3516 1/2 14<sup>th</sup> St

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.

