

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

Do not use this space.

6501

1. PLACE OF DEATH

County..... Registration District No. 781
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 1122, Blenden Pl.) St. 1412 Ward

2. FULL NAME

(a) Residence. No. 1122 Blenden Pl. 4 Ward. (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 Charles Eaton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2-1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 5 4 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pella
 (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Corneilus Wegman

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Mrs. Geo. P. Platy
 (Address) 1122 Blenden Pl.

15. FILED FEB -8 1928 Max Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 27 1927 to Feb 6 1928 that I last saw him alive on Feb 6 1928, and that death occurred, on the date stated above, at 10 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) General Arterio-sclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 74 St. Louis
 IF NOT AT PLACE OF DEATH?
 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. D. Beuk, M. D.
Feb 7, 1928 (Address) 2206 Howard 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 DATE OF BURIAL

Bethaniam Cemetery 2-9 1928
 20. UNDERTAKER ADDRESS

Geo. L. Pleitsch 5966 Easton Ave.

Dr. A. J. Hendon

2206 Howard

2 No 3 Ave 7 St 8