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

Do not use this space.

26064

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3323 Ohio St. ..... Ward)

File No. .....

Registered No. 7255

2. FULL NAME Eva Wehrle

(a) Residence. No. 3323 Ohio St., 24 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	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 Rudolph Wehrle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	82	11	14	

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) ..... (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER F. Kropp

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Sara Wehrle
(Address) 3323 Ohio Cir.

15. FILED 10 19 Max C. Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1929

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1929, to July 8, 1929 that I last saw her alive on July 8, 1929, and that death occurred, on the date stated above, at 1145 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis + myocarditis
131
98C
(duration) + yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Cerebral apoplexy
(duration) — yrs. — mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Emma Ploehn, M. D.
7-9, 1929 (Address) 2614 S. Broadway

*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
New St. Marcus Cem.	7-11 1929

20. UNDERTAKER	ADDRESS
Witt Bros. L & U.Co. 2929 S. Jefferson	

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.

31 10 235

...WITH UNFADING INK—THIS IS A PERMANENT RECORD

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