

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

Do not use this space.

35419

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St Louis (No. St Johns Hospital) St. Ward)

File No.
 Registered No. **10162**
 St. Ward)

2. FULL NAME

William Wasmer
 (a) Residence. No. 4719 Natl Bridge Ave., 7 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 4-1929</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>9</u>
		<u>12</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>None</u>		
(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) Missouri

10. NAME OF FATHER William Wasmer

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

12. MAIDEN NAME OF MOTHER Margaret Chapman

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

14. INFORMANT William Wasmer
 (Address) 4719 Natl Bridge

15. FILED 661 17 1929 19. Nov 17 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16 19 29

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1929, to Oct 16, 1929 that I last saw h. alive on Oct 15, 1929, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococcus infection
10711
36
 (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Broncho pneumonia
secondary (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 4719 Natl Bridge
 DID AN OPERATION PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTO. SYM.....
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Jrs P Cortells, M. D.
10/16 1929 (Address) Sister Bldg Hotel

*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 Cemetery DATE OF BURIAL 10-17 1929

20. UNDERTAKER Arthur J Donnelly ADDRESS 2039 1/2 Oak St

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.

Dr. Costello
4500 Olive St
7-8 Pm