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.

8264

1. PLACE OF DEATH

County ..... Registration District No. 1791 1003 File No. 2657

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis Mo. (No. 4031a Lexington ave St. ..... Ward)

2. FULL NAME Wilhelmina Tassemeyer

(a) Residence. No. 4031a Lexington ave St., 10 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18 - 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	9	8	

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) 235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany 10
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Buescher

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

12. MAIDEN NAME OF MOTHER Elzabeth Edman

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

14. INFORMANT Herman Tassemeyer
(Address) 4031 Lexington ave.

15. FILED ....., 19.. Max C. Fowler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1930, to Feb. 26, 1931 that I last saw her alive on Feb. 25, 1931, and that death occurred, on the date stated above, at 8 40 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Maemia

(duration) ..... yrs. ..... mos. 7 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? Laboratory

(Signed) Herman L. Witten, M. D.

227, 1931 (Address) 2728 N. 11.

*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
St. Peters	Feb 28 1931

20. UNDERTAKER	ADDRESS
Hy Leidner Und Co	N. Market St. 1417