

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

Do not use this space.

2470

**1. PLACE OF DEATH**

County..... Registration District No. 881  
Township..... Primary Registration District No. 1075  
City St Louis (No. 3803 Juniata St)..... St. .... Ward)

File No. ....  
Registered No. 137.....

**2. FULL NAME** Ella R. Aszmann

(a) Residence. No. 3803 Juniata St., 16 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 August F. Aszmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-25-1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>3</u>	<u>10</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife 235  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Chester, Ill. (STATE OR COUNTRY) 2

PARENTS	10. NAME OF FATHER <u>Raymond Wheerly</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u> <u>26</u>
	12. MAIDEN NAME OF MOTHER <u>Wilhelmina Beggemann</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>

14. INFORMANT Aug. F. Aszmann (Address) 3803 Juniata St

FILED JAN -5 1932 St. Louis REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5-31-1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1931, 1931, to Jan 5 1932, 1932 that I last saw him alive on Jan 5 1932, and that death occurred, on the date stated above, at 1:45 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Valvular disease of left heart

(duration) yrs. mos. ds. 99  
CONTRIBUTORY (SECONDARY) Arteriosclerosis  
Senility. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 99  
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY? 1  
WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) J. S. K... M. D.

\*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 Our Redeemer DATE OF BURIAL Jan 7 1932

20. UNDERTAKER Biderwidm funeral home ADDRESS 1934 St. Louis Ave

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.

