

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

Do not use this space.

6699

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City..... St. Louis, (No. 4051 California Avenue. St. Ward)

File No.
Registered No. 1775

2. FULL NAME

Ottilie Wehrli
(a) Residence, No. 4051 California Ave. St. 24 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) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Wehrli.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1865.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 7 26.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

MOTHER FATHER 13. NAME August Lossa.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know. 21

17. INFORMANT (ADDRESS) Ottilie Wehrli
4051 California Avenue.

18. BURIAL, CREMATION, OR REMOVAL Lakewood Park Cem. DATE Feb. 24, 1932.

19. UNDERTAKER (ADDRESS) J. H. Kerkens & Co.
2842 Meramec St

20. FILED FEB 23 1932 Missouri State Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1932 to Feb 26, 1932
I last saw her alive on Feb 26, 1932 Death is said to have occurred on the date stated above, at 3:05 A m.
The principal cause of death and related causes of importance were as follows:

Bronchial 112
asthma a. 5 yrs
Date of onset
Other contributory causes of importance: 112
none

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury..... (1)

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) A. E. Jones, M. D.
(Address) 3014 1/2 2nd

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.

