

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

Do not use this space.

11018

File No. _____
Registered No. 3098
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 181002
Township _____ Primary Registration District No. _____
City St. Louis (No. City Hospital #1)

2. FULL NAME

Benjamin W. Vehlward
(a) Residence, No. 2234 1/2 McKain St., 23 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

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>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frieda Vehlward</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 5 - 1892</u> | | |
| 7. AGE | YEARS <u>39</u> | MONTHS <u>5</u> |
| | DAYS <u>23</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer, 12</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Building</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u>Jan</u> | |
| | 11. Total time (years) spent in this occupation <u>unk</u> | |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

13. NAME Chas. Vehlward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

15. MAIDEN NAME Lena Buescher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

17. INFORMANT Frieda Vehlward
(ADDRESS) 2234 1/2 McKain

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcell DATE 3-30 1932

19. UNDERTAKER (ADDRESS) Fischer Bros.
2503 Edwards

20. FILED 3/29/32 Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28/32 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

Simple Meningitis
130
White Nephritis
Other contributory causes of importance Cause Unknown

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

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 No Injury
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) J. W. Kemmer, M.D.
Dep. Coroner

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.

MARGIN RESERVED FOR BINDING

U.S. NO. 2.

Handwritten notes on the left side of the page, including the word "Circuit" and other illegible scribbles.