

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 182  
 Township ..... Primary Registration District No. 5013  
 City St. Louis, Mo. (No. 4758, Alma Avenue St. 2 Ward)

File No. 42195  
 Registered No. 11324

**2. FULL NAME** Mrs. Emilie Wedig

(a) Residence, No. 4758 Alma Avenue St. 2 Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 73 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 John Wedig  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1854  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 5 9

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 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 Gottfried Pfau

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

15. MAIDEN NAME Amilia Drummer

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

17. INFORMANT Mrs. Emilie Wedig  
 (ADDRESS) 4758 Alma Ave

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Wentzville, Mo. DATE Dec 22, 1932

19. UNDERTAKER Reisenwider Funeral Home Inc  
 (ADDRESS) 1934 Schussler Ave

20. FILED DEC 21 1932 Wentzville  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 19th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9 -, 1932, to Dec 19 -, 1932.  
 I last saw her alive on Dec 19, 1932. Death is said to have occurred on the date stated above, at 11:10 P.M.  
 The principal cause of death and related causes of importance were as follows:

acute myocarditis  
 131  
 92A  
 Chronic Nephritis  
 Date of onset

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 ..... (a)

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify August Smejet 10, R 4  
 (Signed) 3109 So Jefferson  
 (Address)

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.

Rev. C. J. S. Jeffers