

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

Do not use this space.

**21925**

**1. PLACE OF DEATH**

County .....  
Township .....  
City St. Louis (No. Christian Hospital)

Registration District No. 101  
Primary Registration District No. 003

File No. ....  
Registered No. 5769  
St. .... Ward .....

**2. FULL NAME**

(a) Residence No. 4031 N. 32<sup>nd</sup> St., 24 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk</u>		
7. AGE YEARS <u>abt 77</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home 186A</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>19</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>131</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>Fred Wehofer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Fredericka Dybhaus</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>August Wehofer</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Peter's</u> DATE <u>July 3, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Matt. Hermann &amp; Son</u>		
20. FILED <u>J. H. Bredeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1933

I HEREBY CERTIFY, That I attended deceased from June 10<sup>th</sup>, 1933, to June 30, 1933  
I last saw him alive on June 29, 1933 Death is said

to have occurred on the date stated above, at 100 A. M.  
The principal cause of death and related causes of importance were as follows:

Arterial Sclerosis Date of onset Steph  
chronic interstitial nephritis 27 yrs  
hypertension 186 W  
Other contributory causes of importance:  
fracture of femur  
June 10<sup>th</sup> Right June 10

Name of operation no 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? 6-10 Date of injury 6-10, 1933  
Where did injury occur? Home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury fallen from  
Nature of injury fracture of neck of femur

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) Geo. A. Mellies, M. D.  
(Address) 2143 N. Grand 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.

