

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

Do not use this space.

42019

File No. _____
Registered No. 11064
St. _____ Ward _____

PLACE OF DEATH
County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. Christian Hospital)
2. FULL NAME Joseph Wedemeier
(a) Residence No. 4276 Pemrose St. 10 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>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>Mary</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 18th 1875</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>1</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Steel Worker</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>John Wedemeier</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Francis Meyer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Anna Wedemeier</u> <u>4276 Pemrose St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem</u> DATE <u>Dec 29th 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Edward Kohler</u> <u>3516 4th 1923</u>		
20. FILED <u>20 20 1933</u> <u>J. J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26th 1933

22. I HEREBY CERTIFY That I attended deceased from Nov 27th 1933 to Dec 26th 1933

I last saw him alive on Dec 25th 1933 Death is said to have occurred on the date stated above, at 11:45 PM

The principal cause of death and related causes of importance were as follows:
General paresis
of the insular
83 83

Date of onset 11/27/33

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Spinal fluid tests 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 _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Pro Burt Sturwe M. D.
(Address) 3801 Bee 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.

JAN 26 1934

PERMANENT RESERVED FOR BINDING

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Dr J. C. Mc Intire