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.

MAR 5 1935

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

Do not use this space.

File No. 7549

Registered No. 2019

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. 6807 Minnesota Ave. St. Ward)

2. FULL NAME Alice Leona Wehde

(a) Residence, No. St., 1 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Louis T. Wehde

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 10. 1880

7. AGE: Years 54 | Months 6 | Days 17 | If LESS than 1 day, hrs. or min.

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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): St. Louis, Mo.

FATHER

13. NAME: John F. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Sarah Jenkins

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

17. INFORMANT (ADDRESS): Louis T. Wehde 6807 Minnesota Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Mk. Cem. DATE March 2, 1935

19. UNDERTAKER (ADDRESS): C. Hoffmeister U. & L. Co. 7814 So. Broadway.

20. FILED FEB 28 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1934 to Feb. 27, 1935 I last saw her alive on Feb. 27, 1935. Death is said to have occurred on the date stated above, at 5.53 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy or Cerebral Hemorrhage	Feb 23, 1935
Hypertension	
Myocarditis (Chronic)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical examination Was there an autopsy? No

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) Chas E. Paule, M. D.

(Address) 7806 S. Broadway

Ranke