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.

APR 9 1935

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

Do not use this space.

11180

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2817

City St Louis (No. 3422, North 11th Street St. ..... Ward)

2. FULL NAME Oscar H. Wehrmann

(a) Residence, No. 3422 North 11th St., 26 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 Male

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 Marie C. Wehrmann (Daubendiek)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17, 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
40	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.B. and Q.R.R.

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 Christ Wehrmann.

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

MOTHER

15. MAIDEN NAME Emma Ebmeyer.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Mo.

17. INFORMANT (ADDRESS) Mrs Marie C. Wehrmann 3422 N 11th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Bethlehem DATE Mar 29, 1935

19. UNDERTAKER (ADDRESS) Math Hermann & Son 2161 E Fair Ave.

20. FILED MAR 27 1935 19 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29th 1934, to March 26th 1935

I last saw him alive on March 26, 1935 Death is said to have occurred on the date stated above, at 7:00 a.m.

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

	Date of onset
Myocarditis Chronic	?
Pernicious anemia	3 mos
1170	

Other contributory causes of importance: with stones

Ch. Gall Bladder disease	1 year
ulcer stomach	

Name of operation Gall Bladder removed Date of 4/15/35

What test confirmed diagnosis? Lab 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? .....

If so, specify .....

(Signed) Arthur Lindlach M. D.

(Address) 2202 University St