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.

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

JUN 12 1935

Do not use this space.

18386

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. 791 1003

City St Louis (No. 1354a Sempel Ave St. ..... Ward)

File No. ..... Registered No. 4740

2. FULL NAME Adam Wasem.

(a) Residence, No. 1354a Sempel St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Lena Wasem

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 1858

7. AGE YEARS 76 MONTHS 10 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

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) Illinois

FATHER

13. NAME Valentine Wasem

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

MOTHER

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) Lena Wasem 1354a Sempel Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE St John N. DATE May 29 1935

19. UNDERTAKER (ADDRESS) Hay Lindner Eng Co 1417 N Market St

20. FILED MAY 28 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feby 15th, 1934, to May 26th, 1935

I last saw him alive on May 25th, 1935 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Acute Yellow Atrophy of Liver — Date of onset 1934

125

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) Frederick H Wolfgrewe, M. D.

(Address) 1501 Benton

Dr. F. N. Holtgreve