

JUL 27 1935

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

Do not use this space.

21762

1. PLACE OF DEATH

County St. Louis Registration District No. 1160 File No. _____
Township _____ Primary Registration District No. 4470 Registered No. 66
City University City St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7463 Kingsbury Pl. 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 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 Carl J. Weichel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1896

7. AGE YEARS 39 MONTHS 1 Days 15 If LESS than 1 day, hrs. or min.

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) Davenport Iowa

13. NAME Henry J. Robert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davenport Iowa

15. MAIDEN NAME Helena M. Wick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davenport Iowa

17. INFORMANT (ADDRESS) Edwin F. Robert 2867 Broadmead Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE July 24 1935

19. UNDERTAKER (ADDRESS) Wagoner, Inc. 3621 Olive St.

20. FILED 19____ 19____ Lena V. Moeller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 / 23 / 35 19____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above at _____.

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

Neuropsychosis, following strep infection of throat and mouth, plus menopause, Pt. under the care of physicians for some past months, in particular last three weeks with extreme psychosis. Was found in basement-garage, sitting in car,

Name of operation Coroner's view Date of _____
What test confirmed diagnosis? _____ 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, town, county, and State)

Specify whether injury occurred in industry, home, or in public place. W

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ E/24/35

(Signature) John E. Turner M. D.
(Address) 3718 Jennings, Rd.
Coroner St. Louis 8, Mo.

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.

evidently had car turned on and got sufficient
monoxide gas poisoning to terminate her life.

No other method could be established as no
poison would be ascertained in system
of other gastric conditions. Also a chronic
myocarditis without question acute cardiac
dilatation-- dilatation caused by some
monoxide gas absorption.

She was watched by the family until 2 am
until they thought she was asleep and quiet,
and then they retired for a little rest,
thinking she would rest and fell asleep,
when they awakened in the morning a little
later she was absent from the room and when
going to hunt for her, was found in the
basement-garage sitting in the car.