

AUG 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St. Louis** (No. **Fathers Hosp. Ohio & Tennessee Str.**) Ward.....
Registered No. **24826**
6259

2. FULL NAME **Henry P. Wehrenbrecht**

(a) Residence, No. **2848A Wyoming** St., **24** 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 **Emma Wenzel Wehrenbrecht**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 22, 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 **10** **--** **--**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Stock Room Clerk**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Can Company**
10. Date deceased last worked at this occupation (month and year) **June 29, 1935** 11. Total time (years) spent in this occupation **2 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mrs. Emma Wehrenbrecht** (ADDRESS) **2848A Wyoming**18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem** DATE **July 24, 1935**19. UNDERTAKER **Biederwieser Funeral Home, Inc.** (ADDRESS) **1926 St. Louis Avenue**20. FILED **JUL 22 1935** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 22, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **July 15, 1935** to **July 22, 1935**
I first saw **deceased** alive on **July 20, 1935**. Death is said to have occurred on the date stated above, at **7:30 a.m.**

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

Chronic Perimyocarditis Myofibrils Date of onset **1934**

Other contributory causes of importance:

Chronic Myocarditis **1934**
General Periarra

Name of operation..... 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 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) **H. Louis Schuchat**, M. D.(Address) **2200 Chouteau 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.

