

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

Do not use this space.

31676

NOV 29 1935

1. PLACE OF DEATH

County Warren Registration District No. 884
Township Charrette Primary Registration District No. R126
City (No.) St. Ward

2. FULL NAME Wilhelmina Louise Sandmeyer

(a) Residence, No. St. 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ernest Sandmeyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 19, 1859</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>11</u>
		DAYS
		<u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>house work</u>		
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren County</u>		
13. NAME <u>Herman Umverzagt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Wilhelmina Petersmeyer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Herman Sandmeyer</u> (ADDRESS) <u>Warrenton, Mo.</u>		
18. BURIAL CREMATION, OR REMOVAL PLACE <u>Lippstadt Church Cemetery</u> DATE <u>Sept. 11, 1935</u>		
19. UNDERTAKER <u>F. W. Nieburg</u> (ADDRESS) <u>Warrenton, Mo.</u>		
20. FILED <u>Sept 29</u> , 19 <u>35</u> <u>J. P. Johnson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8th, 1935

22. I HEREBY CERTIFY That I attended deceased from Aug 25 to Sept 8, 1935
I last saw him alive on Sept 7, 1935. Death is said to have occurred on the date stated above, at 7:15 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Embolus Date of onset 8201

Other contributory causes of importance:
Heart failure and Hemiplegia

Name of operation _____ Date of _____
What test confirmed diagnosis? Cerebral Was there an autopsy? _____

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 John H. Dyer
(Signed) _____, M. D.
(Address) Warrenton 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.

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