

JAN 13 1936

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

Do not use this space.

41326

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis,** (No. **4145 California Ave.**) St. .... Ward)

File No. ....  
Registered No. **10544**

2. FULL NAME **Barbara Wehmann**  
(a) Residence, No. **4145 California Ave. St.,** **15** 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) **Widowed**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 5, 1873.**  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**62 9 8**

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) **High Ridge** (STATE OR COUNTRY) **Mo.**

13. NAME **Adam Weidner**

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

15. MAIDEN NAME **Magdalena Steinmetz**

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

17. INFORMANT **L. W. Storm** (ADDRESS) **4145 California Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn Cem.** DATE **12-16** 193**5**

19. UNDERTAKER **J. H. Hubbard and Co.** (ADDRESS) **2842 Meramec St.**

20. FILED **DEC 13, 1935** **J. H. Bredeek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 13, 1935**

22. I HEREBY CERTIFY That I attended deceased from **Nov 1, 1935** to **Dec 13, 1935**  
I last saw him alive on **Dec 11, 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 myocarditis** Date of onset  
**hypertens. interstitial nephritis**  
**chronic**  
**13/**  
Other contributory causes of importance:  
**arterio-sclerosis**

Name of operation **none** Date of .....  
What test confirmed diagnosis? **lab.** Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **no** 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) **J. H. Brand** M. D.  
(Address) **5218 S. Grand**  
**St. Louis, Mo.**

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.

The following information was obtained from the records of the  
 Department of the Interior, Bureau of Land Management, on the  
 subject of the above-captioned tract of land.

The tract of land described in the above-captioned instrument  
 is situated in the County of [County Name], State of [State Name],  
 and is more particularly described as follows:

[Detailed description of the land tract, including acreage, location, and any other relevant details.]

The above-described tract of land is owned by [Owner Name],  
 who is the holder of the title to the same.

The above-captioned instrument was duly recorded in the  
 office of the County Clerk of the County of [County Name],  
 State of [State Name], on the [Date] day of [Month], 19[Year].

In testimony whereof, the County Clerk has hereunto set his  
 hand and the seal of said County at [Location], this [Date] day  
 of [Month], 19[Year].

[Signature of County Clerk]

[Signature of Owner Name]