

JUL 27 1936

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

Do not use this space.

25111

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248 F
City (No. R. R. #9, Box #505, Yaeger Road St. Jefferson Ward 10

File No. _____
Registered No. 222

2. FULL NAME Oscar Wehmeyer

(a) Residence, No. R. F. D., Mattese, Mo. St. Jefferson Barracks, Missouri
(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 Elsie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 18, 1895

7. AGE YEARS 40 MONTHS 7 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mattese (STATE OR COUNTRY) Missouri

13. NAME OF FATHER Henry Wehmeyer
14. BIRTHPLACE (CITY OR TOWN) Mehlville (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Rosie Schulz
16. BIRTHPLACE (CITY OR TOWN) Sappington (STATE OR COUNTRY) Mo.

17. INFORMANT Elsie Wehmeyer (ADDRESS) RFD Jefferson Bkg, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers Cam DATE June 12 1936

19. UNDERTAKER C. Hoffmeister U. & L. Co. (ADDRESS) 7814 S. Broadway

20. FILED June 11, 1936 L. Mowrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1936

22. I HEREBY CERTIFY That I attended deceased from Feb 1, 1936, to June 10, 1936
I last saw him alive on June 10, 1936 Death is said

to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:

Interstitial nephritis Date of onset 2/1/36

Other contributory causes of importance:
Arterio sclerosis myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____ 1936
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) Matilda L. Tahr, M. D.
(Address) 7110 M. Schlegel St.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County St. Louis
Township.....
City..... (No.) St. Ward)

Registration District No. 1173
Primary Registration District No. 6248

File No. 25111
Registered No. 222

2. FULL NAME

Oscar Wehmer

(a) Residence, No. Jefferson Barracks, Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40

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

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED June 13, 1936 G. Murray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1936

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 m.

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

Interstitial Nephritis
Chronic

Date of onset 2/1/36

Other contributory causes of importance:

Arterio Sclerosis
Myocarditis

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

What test confirmed diagnosis?..... 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

(Signed) Matilda L. Jibe, M. D.

(Address) 7110 Michigan

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