

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

Do not use this space.

**1. PLACE OF DEATH**

96  
30  
9  
County.....  
Township.....  
City..... St. Louis (No. Lutheran Hospital 1)

Registration District No. 791  
Primary Registration District No. 1003

File No. 3683  
Registered No. 718

**2. FULL NAME** Martha Wessbecher

(a) Residence, No. 1652 Nebraska Ave St. 23 Ward. 1  
(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 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 Eugene Wessbecher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
59 5 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Missouri

MOTHER FATHER 13. NAME Christ boettcher

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Eugene Wessbecher (ADDRESS) 1652 Nebraska Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLAC Oak Grove Mausoleum DATE January 18 1937

19. UNDERTAKER Peetz Brothers (ADDRESS) 3029 Lafayette Ave

20. FILED JAN 17 1937 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1937 to Jan 15 1937, 1937.  
I last saw her alive on Jan 15 1937. Death is said to have occurred on the date stated above, at 11:50 P.M.

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

Lobar Pneumonia - 1/10 -

Other contributory causes of importance: 108

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) A. Schlostein M. D.

(Address) 3153 Langford Blvd.

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.

Dr. Schlosstein

3153 Langfellow

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