

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City *St. Louis* (No. *10*)

File No. **18066**

Registered No. **4642**
St. **13** (Ward)

2. FULL NAME

(a) Residence, No. *2819 St. Vincent* Ward *13*
(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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 1897*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>26</i>	<i>59</i>	<i>2</i>	<i>3</i>	

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

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

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) *Holland*

13. NAME *John Lansing*

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

15. MAIDEN NAME *Mary (unk)*

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

17. INFORMANT (ADDRESS) *St. Joseph Inf. Hosp. City of St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *S. S. P. PAULS. CEM.* DATE *MAY 7 1937*

19. UNDERTAKER (ADDRESS) *E. J. Schmuert 2125 Lafayette av. St. Louis*

20. DATE *MAY 6 1937* Registrar *J. Predeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/4/37*

22. I HEREBY CERTIFY, That I attended deceased from *5/3*, 19*37*, to *5/4/37*, 19*37*.

I last saw him alive on *5/4/37*. Death is said to have occurred on the date stated above, at *6:40* a.m.

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

Psychosis, Type Undetermined
~~*Chronic Myocarditis*~~
Chronic Myocarditis

Other contributory causes of importance: *93C*

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*37*

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) *Charles H. Jessier, M. D.*
(Address) *City of St. Louis*

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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13
21
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