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.

JUL 8 - 1937

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

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 22580

Township ..... Primary Registration District No. ..... Registered No. 6332

City St Louis (No. 4909 Lotus Ave 2 St. ..... Ward)

2. FULL NAME Elizabeth Wempner

(a) Residence, No. 4909 Lotus Ave St., 6 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 1 1862

7. AGE: 75 YEARS, 5 MONTHS, 26 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 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): St Louis Mo.

FATHER

13. NAME: August Portman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Heimier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Lillian Wempner 4909 Lotus Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE June 30 1937

19. UNDERTAKER (ADDRESS): Provost Und Co. 3710 N Grand Blvd.

20. FILED JUN 29 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1937, to June 27, 1937
I last saw her alive on June 27, 1937 Death is said to have occurred on the date stated above, at 7.20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	?

46B

Other contributory causes of importance:

Name of operation Gastro-enterostomy Date of 1935
What test confirmed diagnosis? Above operation 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? No
If so, specify .....
(Signed) J R Macho, M. D.
(Address) Page & Academy

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