

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.

OCT 14 1937

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

Do not use this space.
 32197

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **City Infirmary**)

File No.
 Registered No. **8251**
 St. Ward

2. FULL NAME **Henry Wehr,**

(a) Residence, No. **5800 Arsenal St.** St. **Hospital** Ward **13**
 (Usual place of abode) **City Infirmary** (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)
Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 6, 1858.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1858 79 2 23

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **X**
 10. Date deceased last worked at this occupation (month and year) **X** 11. Total time (years) spent in this occupation.....

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

FATHER
 13. NAME **Fred Wehr ?**

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

MOTHER
 15. MAIDEN NAME **Catherine ?**

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

17. INFORMANT **E. Molony,**
 (ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Crem.** DATE **9-1-37**

19. UNDERTAKER **J. Ryan**
 (ADDRESS) **City Infirmary**

20. FILED **SEP 2 1937** **J. P. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 29, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **October 17, 1935** to **August 29, 1937**

I last saw him alive on **August 29, 1937**. Death is said to have occurred on the date stated above, at **4:30 P.M.**

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

Degenerative Heart Disease

Other contributory causes of importance:
arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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) **Henry S. Bujala, M.D.**
 (Address)

