

REC'D JUL 12 1939

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

20147  
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791  
(b) Township 1 Primary Registration District No. 1003  
(c) City ST. LOUIS MO (d) Street No. 1012 GRATTAN St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

235 AMELIA SAXTON  
(a) Residence, No. 1012 GRATTAN St. 22 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>JOHN SAXTON</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>AUG 15 1854</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>9</u>
	DAYS <u>16</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSE WORK.</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>AT HOME</u>	
	10. Date deceased last worked at this occupation (month and year) <u>MAY 12 1939</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>RED BUD ILL</u>		
FATHER	13. NAME <u>PHILIP WEHRHEIM</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>	
MOTHER	15. MAIDEN NAME <u>FELITHA. BLUE</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>PENNSYLVANIA.</u>	
17. INFORMANT <u>Ben Saxton</u> (ADDRESS) <u>1012 Grattan St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CALVARY</u> DATE <u>JUNE 3RD 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>BROCKLAND UND CO</u> <u>1827 HOGAN ST.</u>		
20. FILED <u>JUN 2 1939</u> <u>J. D. Brubaker</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 31<sup>ST</sup> 1939

22. HEREBY CERTIFY, That I attended deceased from Apr. 24 - 1939 to May 31 - 1939.  
I last saw him alive on May 29 - 1939. Death is said to have occurred on the date stated above, at 8:10 P. M.  
The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis (Date of onset)

Other contributory causes of importance:  
Senility

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? no  
If so, specify \_\_\_\_\_  
(Signed) W. S. Smith M. D.  
(Address) 6006 Virginia Ave

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*John B. Brockland*

Licensed Embalmer No. *93*

P. O. Address

*St Louis Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**