

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

Do not use this space.

11223

1. PLACE OF DEATH

County.....
Township.....
City.....

791'
Registration District No. 1003

File No.....
Registered No. 3053
St. Ward

2. FULL NAME

(a) Residence. No. St., Ward.
(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 Male 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 Mary Wease

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 16. 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) U R
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jefferson Co. Mo
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Phillip Wease

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jeff. Co
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Labella Medley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jeff. Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Mary Wease
(Address) 446 1/2 Chouteau Ave

15. FILED 19 1923 Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1924, to March 19, 1928, that I last saw him alive on March 19, 1928, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A Apoplexy - cerebral hemorrhage

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Emmett M. D

3/10, 1928 (Address) 6827 1/2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Mount Hope Mar 19 1928

20. UNDERTAKER

ADDRESS

Choffmette & Co. 2814 S. Blvd

WRITE 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.

