

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

Do not use this space.

10808

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **1387²**) **Hodiamont Ave.** St. Ward

File No.....

Registered No. **2832**

2. FULL NAME

(a) Residence. No. **1387²** **Hodiamont St. Apt. 5** Ward.

(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 <i>Female</i>		4. COLOR OR RACE <i>white</i>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>widowed</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Ernest Wehmeier</i>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Mar. 21-1846</i>					
7. AGE	YEARS <i>83</i>	MONTHS <i>11</i>	DAYS <i>26</i>	IF LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Housewife</i> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

10. NAME OF FATHER
William Turtenburg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
Germany

12. MAIDEN NAME OF MOTHER
Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
Germany

14. INFORMANT (Address)
Albert Wehmeier 1387² Hodiamont Ave.

15. FILED **APR 19 1930** *M. C. Starks* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar. 17, 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Feb 6*, 19*30* to *Mar. 17*, 19*30* that I last saw h. alive on *Mar 17*, 19*30*, and that death occurred, on the date stated above, at *4:20 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
935

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **906**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....
WAS THERE AN AUTOPSY? *No*
WHAT TEST CONFIRMED DIAGNOSIS? *Chemical*
(Signed) *Ernest Wehmeier*, M. D.
Don't know, 19*30* (Address) *304 A Hodiamont*

*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
St. Charles, Mo. DATE OF BURIAL *Mar 20, 1930*

20. UNDERTAKER
Joseph W. Clark ADDRESS *1125 Hodiamont Ave.*

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.

