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

Do not use this space.

36462

File No. .....

Registered No. 11008

1. PLACE OF DEATH

County ..... Registration District No. 231

Township ..... Primary Registration District No. 1003

City St. Louis, (No. Deaconess Hospital. St. Ward)

2. FULL NAME Jacob Wehrle.

(a) Residence, No. 4234 Cleveland Ave. St., 17 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Wehrle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 24, 1860.

7. AGE: YEARS 71 | MONTHS 5 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Repair-man.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Musical Instruments.

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): Germany.

FATHER

13. NAME: Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

MOTHER

15. MAIDEN NAME: Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

17. INFORMANT (ADDRESS): Mrs Louise E McGlynn, Granite City, Ills.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Trinity Cem. DATE Nov. 2, 1931

19. UNDERTAKER (ADDRESS): J N Gibbons L & U Co. 2842 Meramec Street.

20. FILED Nov 2 1931 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1931, to Oct. 30, 1931

I last saw him alive on Oct. 30, 1931. Death is said to have occurred on the date stated above, at 10 A. m.

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

Mediastinal tumor. (Sarcoma) myocardial exhaustion. — Date of onset: Abt. 6 months ago.

Other contributory causes of importance:

Name of operation: None Date of: —

What test confirmed diagnosis? — Was there an autopsy? Yes.

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? —

If so, specify —

(Signed) F. Reder, M. D.

(Address) University Club Bldg.

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

MARGIN RESERVED FOR BINDING

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.