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.

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

Do not use this space.

21361

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1007

City St Louis (No. City Hospital #1 St. ..... Ward)

File No. .....

Registered No. 5919

2. FULL NAME Marguerite Wesmey

(a) Residence, No. 4157 Olive St St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female

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: Joseph Wesmey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 3rd 1872

7. AGE: YEARS 60 MONTHS 1 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation: 163

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

FATHER

13. NAME: Gustave Bantel 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Eugenia Le Roy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France 9

17. INFORMANT (ADDRESS): Gustave J. Wesmey 4157 Olive St

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary DATE: June 25 1932

19. UNDERTAKER (ADDRESS): Arthur J Donnelly Und Co 2039 Wash St

20. FILED: JUN 24 1932 19 Max C Hawley Registrar. 6/24/32

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance, 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 P m.

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

Date of onset

Liniment Poisoning

Sloan's Liniment self-administered at residence

Other contributory causes of importance:

while suffering temporary mental aberration

Suicide

Name of operation ..... 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? Suicide Date of injury 6/23, 1932

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In Home

Manner of injury Liniment Poisoning

Nature of injury self-administered

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T J Evans, M.D.

(Address) Deputy Coroner