

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

Do not use this space.

JAN 10 1937

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1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis, Mo. (No. City Sanitarium) St. Ward)

File No.
Registered No. 1220

2. FULL NAME Carrie Elmore

(a) Residence, No. 1608 N. 16th St., St. 26 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 73 yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Elmore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>2</u>	<u>3</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Housework</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Housework</u>
	10. Date deceased last worked at this occupation (month and year) <u>Oct. 1936</u>	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER 13. NAME John Henry Wehmeyer

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER 15. MAIDEN NAME Louise Vonderahe

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) W. C. Miller 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns DATE Dec 16 1936

19. UNDERTAKER (ADDRESS) Am. St. Paschedag 2835 No. Grand St.

20. FILE DEC 15 1936 J. T. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1936, 19
22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 19 36, Dec 14, 19 36

I last saw him alive on Dec 14, 19 36 Death is said to have occurred on the date stated above, at 6:20 A.M.

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

Cerebral Hemorrhage 12-14-36 Date of onset

Other contributory causes of importance:
Arteriosclerosis 1936x
Senility 1936x

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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) W. C. Miller , M. D.
(Address) 5400 Arsenal

MARGIN RESERVED FOR BINDING
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.

