

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.

MAY 7 1937

1. PLACE OF DEATH

County..... Registration District No..... **791**
 Township..... Primary Registration District No..... **1003**
 City..... **St. Louis** (No. **4048** **Castleman**)..... File No. **14229**
 Registered No. **3725**..... St. Ward.....

2. FULL NAME Elizabeth Wasson

(a) Residence, No. **4048 Castleman** St., **17** 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Raymond Wasson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 21, 1903**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
25	33	9	15	

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

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

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) **St. Louis Missouri**

13. NAME **William Lohman**

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

15. MAIDEN NAME **Hulda Albert**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Raymond Wasson**
 (ADDRESS) **4048 Castleman Avenue**

18. BURIAL, CREMATION, OR REMOVAL **New St. Marcus Cem** DATE **April 8, 1937**

19. UNDERTAKER **Heck Bros**
 (ADDRESS) **2201 So. Grand Blvd.**

20. FILE **APR 7 1937** **J. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 6, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 29**, 1937, to **April 6**, 1937

I last saw her alive on **April 5**, 1937. Death is said to have occurred on the date stated above, at **7:10 a.m.**

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

Acute Bronchitis Date of onset **3/29-37**

Other contributory causes of importance:

Broncho Pneumonia **3/24-37**

Name of operation..... Date of.....

What test confirmed diagnosis? **Clinical**..... 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? **No**.....
 If so, specify.....

(Signed) **Fred W. Rolling**..... M. D.

(Address) **2125 Sidney st**

2115 Sydney
12:50 A.