

1939 MAR 13 1939

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

4484
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **Saint Louis, Missouri** (d) Street No. **3458 Illinois Ave.** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

250 **Emil A. Wasem**
(a) Residence, No. **3458 Illinois Ave.** St. **74**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
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 **Ida Wasem**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 11-1876.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Grocery Business**
9. Industry or business in which work was done, as 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) **Illinois.**

FATHER
13. NAME **Valentine Wasem**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER
15. MAIDEN NAME **Scharlett Karch**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Ida Wasem**
(ADDRESS) **3458 Illinois Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Sunset Burial Park** DATE **February 6, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Ziegenhain Bros. 2523 Cherokee Street.**

20. FILED **FEB 6 1939** **J. D. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 3rd, 1939.**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 4, 1938**, to **Feb. 2, 1939**
I last saw him alive on **Feb. 2, 1939** Death is said to have occurred on the date stated above, at **7:30 A.M.**
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Right side
Chronic Intermittent Nephritis & uremia
Date of onset **10/27**

Other contributory causes of importance
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) **Dr. J. E. Smith** M. D.
(Address) **4930 Kinross Blvd.**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Vearl E. Morris.

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

V E Morris

Licensed Embalmer No. **3360**

P. O. Address **2623 Cherokee Street.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.