DEC'D APR 8 1938

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

3 1

Do not use this space. 12062

Registered No. 567

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 784

(b) Township Jefferson — Primary Registration District No. 109

(c) City ~~Kirkwood~~ Maplewood (d) Street No. Sutton-Elm Drug Store 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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edwin Henry Wempner 5/5

(a) Residence, No. 805 Ballas Rd. St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jean Wempner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20th, 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
45	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Builder

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) St. Louis (STATE OR COUNTRY) Mo

FATHER

13. NAME Julius Woempner

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

MOTHER

15. MAIDEN NAME Elizabeth Poetner

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. Jean Wempner (ADDRESS) 805 Ballas Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE 3-29-38, 19

19. FUNERAL DIRECTOR Provost Und. Co. (ADDRESS) 3710 N. Grand Blvd.

20. FILED 3-28, 1938 J. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.53 P.M.

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

	Date of onset
Coronary occlusion	3/26/38

94 B-

Other contributory causes of importance:

Arterio-sclerosis

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

What test confirmed diagnosis? autopsy 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? no

If so, specify .....

(Signed) John O'Connell, M. D.

(Address) Coroner of St. Louis County.

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, A. A. Smithers, Licensed Embalmer No. 3916

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

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.)