

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

34233
 Do not use this space.

NOV 16 1938

1. PLACE OF DEATH
 (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** Registered No. **9219**
 (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.
D. 6834 **46** **Fred Wehmueler**
 2. PRINT FULL NAME
 (a) Residence, No. **3836 North 25th** **2d** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Grace Wehmueler (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9, 1885		
7. AGE YEARS 53	MONTHS 8	DAYS 14
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Furniture		
9. Industry or business in which work was done, as saw mill, bank, etc. finisher		
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 Henry Wehmueler		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
15. MAIDEN NAME Sohhia Kleine		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri		
17. INFORMANT Hosp. Info W. Kent (ADDRESS)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/23/38**, 19

22. I HEREBY CERTIFY That I attended deceased from **8/12/38** to **10/23/38**, 19
 I last saw **him** alive on **10/23/38**, 19 Death is said to have occurred on the date stated above, at **10.30 a** m.
 The principal cause of death and related causes of importance were as follows:
Brain abscess multiple caused by suppurative pleurisy which was caused by empyema non tubercular, not Pneumonia
 Date of onset
 Other contributory causes of importance:
Suppurative pleurisy

Name of operation **Thorsotomy** Date of **8-11-38**
 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? 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) **Albert D. Trause** M. D.
 (Address) **1515 Lafayette**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **St. Peters Cemetery** **Oct. 25, 1938**

19. FUNERAL DIRECTOR (NAME) **Beiderwieden Funl Home** IN
 (ADDRESS) **1936 St. Louis Ave.**

20. FILED **OCT 25 1938** **J. B. Bredish**
 Local Registrar.

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.

STATE BOARD OF HEALTH
DEPARTMENT OF HEALTH
DIVISION OF HEALTH

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,

or by

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

Signed

Felix J. Krupar

Licensed Embalmer No.

3497

P. O. Address

1936 St. Louis

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.