FILED FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 308

Registration District No. 791

Primary Registration District No.

Registrar's No. 308

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4151a Maryland Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 75 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 19

(d) Street No. 4151a Maryland Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John H. Wemken 525

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Mary Wemken

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct. (Month) 30, (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	2	9	hr. min.

9. Birthplace (City, town, or county) Minn. (State or foreign country)

10. Usual occupation Maintenance Man 1

11. Industry or business Bomont Bldg.

FATHER

12. Name John Wemken 6

13. Birthplace (City, town, or county) Germany (State or foreign country) 9

MOTHER

14. Maiden name Unknown Unknown

15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Mary Wemken

(b) Address 4151a Maryland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JAN 11 1940 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9 year 1940 hour 3 minute 15 a. M.

21. I hereby certify that I attended the deceased from Oct. 28, 1939, to Jan 8, 1940 that I last saw him alive on Jan 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with auricular fibrillation. Cardiac Decompensation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration: 3 mo + (?)

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. Kleinschmidt (M. D. or other)

Address 827 Metropolis Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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

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