

~~1940~~ AUG 25 1940

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5974

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1022 Childress 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 39 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1022 Childress Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16  
year 1940 hour 2:00 minute \_\_\_\_\_ AM.

21. I hereby certify that I attended the deceased from 1939  
\_\_\_\_\_ 1940 to July 15, 1940  
that I last saw him alive on July 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pulmonary Edema 3 hours  
Due to Chronic Myocarditis 2 yrs  
Arterio Sclerosis ?

Other conditions:  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_  
23. Signature A. J. Thompson (M. D. or other) \_\_\_\_\_  
Address 4439 San Francisco Date Signed 7/16/40

3. (a) PRINT FULL NAME Fred Wedemeier 356

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-01-0232

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emily Marie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 10 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 10 6 hr. \_\_\_\_\_ min.

9. Birthplace Franklin Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Street Car Motorman

11. Industry or business Public Service Co.

12. Name Louis Wedemeier

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

14. Maiden name Louisa Boring (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Emily Marie Wedemeier

(b) Address 1022 Childress Ave

17. (a) Burial (b) Date thereof 7-18-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellisville Mo.

18. (a) Signature of funeral director Schroeder Bros  
(b) Address Balling Mo.

19. (a) JUL 16 1940 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

*John H. Fetter*

Licensed Embalmer No.....

3880

P. O. Address.....

St Louis Mo

**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.**