

NOV 21 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36228**

Registration District No. **757**

Primary Registration District No. **3036**

Registrar's No. **185**

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: 4 days (Specify whether in hospital or institution)

In this community _____ years, months or days

3. (a) PRINT FULL NAME CAROL WEHMEIER

3. (b) If veteran, name war - 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 1 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles MO.
(City, town, or county) (State or foreign country)

10. Usual occupation None

MOTHER FATHER

11. Industry or business _____
12. Name Roland Wehmeier
13. Birthplace St. Charles MO.
(City, town, or county) (State or foreign country)
14. Maiden name Marie Grueling
15. Birthplace St. Charles MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Roland Wehmeier

(b) Address St. Charles County MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery - Archd. Park MO

18. (a) Signature of funeral director Stephan Paul

(b) Address 326 N 6th St - St. Charles MO

19. (a) 11/1/40 (Date received local registrar) (b) Clarence G. Missler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Partage Township (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1940 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from 10/25/40
_____, 1940 to 10/31, 1940

that I last saw her alive on 10/30, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococci meningitidis Type 7
Pneumonia
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None
Of autopsy _____

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? 679
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Stephan Paul (M. D. or other) 12/8
Address St. Charles, MO Date signed 11/1/40

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 _____

Licensed Embalmer No. 3155

P. O. Address St Charles 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.