

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39586**

Registration District No. **257**

Primary Registration District No. **3036**

Registrar's No. **184**

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

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:
803 Clay St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 2

3. (a) PRINT FULL NAME AUGUST WERREMEYER

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

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olga Huelskemper 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May 3 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 27 If less than one day hr. _____ min.

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

10. Usual occupation Parish 0

11. Industry or business 0

MOTHER FATHER

12. Name August Werremeyer 0

13. Birthplace St. Charles Mo
(City, town, or county) (State or foreign country)

14. Maiden name Louise Heidemum

15. Birthplace St. Charles Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Harrist Werremeyer

(b) Address St. Charles Mo

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

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Heidemum - Base

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

19. (a) 11-1-40 (Date received local registrar) (b) Clarence H. Meuler (Registrar's signature) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 803 Clay St
0 (If rural, give location)

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

Coroners MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30 year 1940 hour 7:45 minute A M.

21. I hereby certify that I attended the deceased from Held Inquest Oct 30-1940, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death 12 gauge shot gun wound destroying entire upper portion of head.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 167

Major findings: Of operations _____

Of autopsy No

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

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

(b) Date of occurrence Oct-30-1940

(c) Where did injury occur? St. Charles - Mo
(City or town) (County) (State)

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

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

23. Signature John Base (Registrar's signature) Coroner - 5
St. Charles Mo (City or town) (County) (State) Date signed 10/30/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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
the above constitutes grounds for revocation of license.)**

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