

MAR 19 1941
Registration District No. **780**

Primary Registration District No. **4466**

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
(b) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

3. (a) PRINT FULL NAME PETER WEHNER

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CATHERINE ROTTNER 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased March 4 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 29 hr. min.

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

10. Usual occupation RETIRED LUMBERMAN

11. Industry or business

MOTHER FATHER
12. Name Nicholas Wehner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Clara Schneider
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eddie J. Wehner
(b) Address Ste Genevieve, Mo

17. (a) Burial (b) Date thereof Feb 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste Genevieve

18. (a) Signature of funeral director Geo C. Basler
(b) Address Ste Genevieve, Mo

19. (a) Feb 3/41 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1941 hour 10 minute 2 AM

21. I hereby certify that I attended the deceased from _____, 1939, to Feb. 3, 1941;

that I last saw him alive on Feb 3 1941, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 2 days

Due to Chronic Myocarditis 10 yrs

Due to Arterio Sclerosis 10 yrs

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

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

23. Signature Arthur E. ... (M. D. or other) 1 M.D.
Address Ste. Genevieve, Mo Date signed 2-3-41

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

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.

1 X1031

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.....

P. O. Address.....

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.