FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

037

25054
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade — Registration District No. 304

(b) Township Richland — Primary Registration District No. 5421 — Registered No. 60

or

(c) City ..... (d) Street No. Hermann, Mo RFD St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 71 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM HENRY WEHMUELLER

(a) Residence, No. Hermann, Missouri RFD St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 0
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married 1

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Therese Wehmueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 30, 1869

7. AGE: YEARS 71 — MONTHS 5 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): April 1941
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hermann Missouri RFD 0

FATHER
13. NAME: William Wehmueller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 4

MOTHER
15. MAIDEN NAME: Whilhelmina Gotmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 4

17. INFORMANT (ADDRESS): Mrs. Therese Wehmueller Hermann, Missouri RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stolpe Cemetery DATE 6/19 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hugo H. Blumer Hermann, Missouri

20. FILED 7-9 1941 F. L. Kicker, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16- 1941

22. I HEREBY CERTIFY, That I attended deceased from 6-1- 1941, to 6-16- 1941
I last saw him alive on 6-16- 1941. Death is said to have occurred on the date stated above, at 8:3 p.m.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Howard Workman, M. D.
(Address) Hermann Mo.

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(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 Hugo H. Blumer

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo.

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

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