

FILED OCT 18 1941
791

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Days**
In this community **35 yrs.**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **000**
(c) City or town **St Louis Mo 9 12**
(If outside city or town limits, write "RURAL")
(d) Street No. **5040 Benedict St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **13**,
year **1941** hour **6:30** minute **A.** M.
21. I hereby certify that I attended the deceased from **September**
8, 19**41** to **September 13**, 19**41**
that I last saw him alive on **September 13**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis**
Duration _____

Due to _____
Due to _____

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) _____
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) _____ (e) Means of injury _____
23. Signature **M. M. Keil** (M. D. or other) _____
Address **1515 Lafayette Ave.** Date dictated **9/13/41**

3. (a) PRINT FULL NAME **Herman Wedler**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W.** 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 **Nov 11 1877**
(Month) (Day) (Year)

8. AGE: Years **68** Months **63** Days **10** If less than one day **2** hr. _____ min.

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

10. Usual occupation **hauler**

11. Industry or business **hauling**

12. Name **Herman Wedler**

13. Birthplace **Ger**
(City, town, or county) _____ (State or foreign country)

14. Maiden name **Julia Barrett**

15. Birthplace **Ger**
(City, town, or county) _____ (State or foreign country)

16. (a) Informant **H. M. Wedler**
(b) Address **2430 State Granite City Mo**

17. (a) **Burial** (b) Date thereof **9-15-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **residents St.**
18. (a) Signature of funeral director **John Tate**
(b) Address **Granite City Ill**

19. (a) **SEP 18 1941** (b) **J. T. Bredich**
(Date received local registrar) (Registrar's signature)

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

0452

7540

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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address Thomas, N.

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, fact should be so stated above.