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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2408
Registrar's No.

FILED APR 8 1942
1942
791

Registration District No. Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution 3 Days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 6000
(c) City or town ST. LOUIS 17
(d) Street No. 5045 PAGE 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Catherine Wemhoener

MEDICAL CERTIFICATION

3. (b) If veteran name war NONE
3. (c) Social Security No. NONE

20. DATE OF DEATH: Month March day 16, year 1942 hour 12:10 minute P. M.

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

21. I hereby certify that I attended the deceased from March 14, 1942 to March 16, 1942 that I last saw her alive on March 16, 1942 and that death occurred on the date and hour stated above.

7. Birth date of deceased DEC. 22 - 1872
(Month) (Day) (Year)

Immediate cause of death: Valvular heart disease aortic stenosis
Due to
Due to

8. AGE: Years 69 Months 2 Days 24
If less than one day hr. min.

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy above
PHYSICIAN

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business HOME

12. Name C. F. WEMHOENER

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name ANN SHITT
(City, town, or county) (State or foreign country)

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Wemhoener
(b) Address 5045 Page Ave

17. (a) BURIAL (b) Date thereof 3-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS

18. (a) Signature of funeral director Gullett & Kelly
(b) Address 7267 Natly Bridge

19. (a) APR 17 1942 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Michael M. Kerley, D. or other 3/16/42
Address 1515 Lafayette Avenue, Date signed

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

Clement M. Neary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.