

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

00
17
9

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital
(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 Wedepohl, Mary

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife August

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 10th, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>7</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Ignaus Meyer

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

14. Maiden name Anna Maria Guth

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

16. (a) Informant Leo Wedepohl

(b) Address 9431 Chester, Overland, Mo.

17. (a) Burial (b) Date thereof 5/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 N. Kingshighway

19. (a) MAY 18 1942 (b) J. F. Medved
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
12

(c) City or town St. Louis
7 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2414 Elliott St
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1942 hour 9 minute 00 a. M.

21. I hereby certify that I attended the deceased from 5/17/42
_____ 19____ to 5/17/42 _____
that I last saw him alive on 5/17/42 _____ 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebrovascular thrombosis of middle cerebral art. 6 days

Due to Chor. myocarditis & auricular fibrillation

Due to Gen arteriosclerosis

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

Major findings: _____

Of operations _____

Of autopsy Refused

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) (specimens of injury)

23. Signature J. F. Medved (M. D. or other) _____
Address City Hospital Date signed 5/17/42

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 W. W. Wilkins
Licensed Embalmer No. 3575
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.