

Registration District No. Primary Registration District No.

000
77
9

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 37

(c) City or town Rosebud
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Margaret L. Wehmeyer

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 Married

6. (b) Name of husband or wife Herman Wehmeyer 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec 15 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 5 2hr.min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name August Niewald

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

14. Maiden name unknown

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

16. (a) Informant George Wehmeyer

(b) Address Rosebud Mo

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

(c) Place: burial or cremation Rosebud Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1942 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from March 15 1942 to May 17 1942
that I last saw her alive on May 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Pneumococcus

Due to Pneumonia Lobar. Duration 2 mo

Due to Bacterial Pneumococcus 3 wks

Other conditions 1/8
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy yes
Endocarditis Pneumococcus

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

3. Signature A. M. Drans (M. D. or other).....
Address 3651 Franklin St Date signed 5/12/42

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..... *Wulford H. Burnley*
Licensed Embalmer No..... *4502*
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, fact should be so stated above.