S. No. 2
1—9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943 18

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8906

Registrar's No. 2227

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(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

2. USUAL RESIDENCE OF DECEASED:

000
12
917

(a) State Mo.
(b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3423a Magnolia Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Wehrheim

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late Alfred Wehrheim

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

7. Birth date of deceased Aug. (Month) 19th (Day) 1863 (Year)

8. AGE: Years 79 Months 6 Days 16 If less than one day hr. min.

9. Birthplace East St. Louis (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Langan
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Downey
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Nellie Langan
(b) Address 3423a Magnolia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 8 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1943 hour 12:25 minute A.M. M.

21. I hereby certify that I attended the deceased from 3/1/43, 19.... to 3/7/43, 19....; that I last saw her alive on 3/7/43, 19....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of colon (Splenic flexure)	?
Due to Causing Intestinal obstruction	2 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Cause of colon

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

23. Signature Thos. H. Hunter (M. D. or other) M.D.
Address 3650 Broadway Date signed 3/8/43

(Licensed Embalmer's Statement on Reverse Side)

Grandel Sq. 2-4

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 Edwin N. McDermott

Licensed Embalmer No. 3024

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.