

FILED APR 23 1948 318

State File No. _____
Registrar's No. 3412

Registration District No. _____ Primary Registration District No. 1003

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:
DesLoge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 59 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County _____
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3816 Michigan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Barbara Wehking

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 Christ Wehking 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June 7th, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 1 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Beran
13. Birthplace _____ Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Moravia
15. Birthplace _____ Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Christ Wehking

(b) Address 3816 Michigan

17. (a) Burial (b) Date thereof April 12, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc

(b) Address 1936 St. Louis Avenue

19. (a) APR 19 1948 J. S. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1943 hour 8 minute 22 A. M.

21. I hereby certify that I attended the deceased from March 31
1943 to Apr 8 1943
that I last saw h. ex alive on Apr 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Schick exema
gangrene of toe
Arterial sclerosis
diabetes
Due to _____
Due to _____
Other conditions diabetes
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: none made
Of operations _____
Of autopsy infected foot, arterial sclerosis, congested lungs

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 _____

23. Signature [Signature] (M. D. or other) _____
Address 3706 Lafayette St Date signed Apr 9, 1948

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

Dv. F. Newhoff
3206 Lafayette

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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.....

Licensed Embalmer No. 3737

P. O. Address 1936 N. Lincoln

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.