. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 37972

FILED DEC 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10338

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution 1610 GRAPE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community LIFE years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 1610 GRAPE (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

8 000 17 9

**3. (a) PRINT FULL NAME** FRED H. WEHMUELLER.

3. (b) If veteran, name war =

3. (c) Social Security No. =

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife SOPHIA

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

7. Birth date of deceased DEC (Month) 23 (Day) 1843 (Year)

8. AGE: Years 69 Months 11 Days # If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) 0 (State or foreign country)

10. Usual occupation RETIRED (7 YRS)

11. Industry or business PLASTER

FATHER
12. Name JOHN WEHMUELLER
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name LOUISE KRENNING.
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. Fred Wehmueller 1

(b) Address 1610 Grape

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 27 1943 (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM

18. (a) Signature of funeral director Biederwieder Funeral Home

(b) Address 1936 St. Louis Av.

19. (a) NOV 2[illegible] (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month NOV. day 24 year 1943 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from Sept. 24, 1942 to November 24, 1943; that I last saw him alive on November 23, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral hemorrhage | 14 mos |
| Due to: Chronic nephritis and general arteriosclerosis | yrs. |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| 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 Arthur Swalow (M. D. or other) M. D.

Address 2202 University St. Date signed 11/26/43

(Licensed Embalmer's Statement on Reverse Side)

## 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 St. Louis Ave.

**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.**