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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39011

State File No. _____

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 192

1. PLACE OF DEATH:

(a) County ST. CHARLES
(b) City or town ST. CHARLES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOSEPH'S HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County WARREN 109
(c) City or town WARRENTON
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNIE WEHRMAN

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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 17, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 22 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM WEHRMAN
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name DOROTHY SCHUTTEN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant I. C. KENT
(b) Address WARRENTON, MO.

17. (a) BURIAL (b) Date thereof 11-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City, Mo.

18. (a) Signature of funeral director F. W. Nieberg & Co.
(b) Address Warrenton, Mo.

19. (a) Nov. 10, 1943 (b) Ernest L. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 9
year 1943 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from 9/30
1943 to 2/27/44 1943
that I last saw her alive on 1/1/44 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Pneumonia
Duration 1 wk.

Due to _____
Due to _____

Other conditions Treatment of life
(Include pregnancy within 3 months of death) 7 wks.

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 109 V
(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 B. L. Nieberg (M. D. or other) MD
Address St. Charles Mo. Date signed 11/10/43

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

1340

(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 John F. Heberg
Licensed Embalmer No. 3897
P. O. Address Wauwaton, Mo

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: St. Joseph's Hosp.
(If not hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mos. (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Annice Wehrman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 17 - 1886
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Warren

(c) City or town Warrenton
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day _____ year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 1 mb.

Due to fracture of hip. 7 mb.

Due to _____

Other conditions 186a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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) accident

(b) Date of occurrence 8/21/43

(c) Where did injury occur? Warrenton, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in her home on the farm

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

23. Signature B. H. Newberry (M. D. or other) MD.

Address St. Charles, Mo. Date signed 12/14/43

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

SUPPLEMENTARY

S-39011