

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:
2004 N. 11 Th Str
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Bertha Wehlerman

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Henry Wehlerman 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased March 27th 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 ----- 0 -- 26 - hr. min.

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

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER

12. Name Anton Reising
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Menemeier
Germany
(City, town, or county) (State or foreign country)
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Wehlerman Jr
 (b) Address 2004 N. 11 Th Str 1944

17. (a) Burial (b) Date thereof April 26 Th
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edmond Koch
 (b) Address 3516 N 14 th Str

19. (a) APR 24 1944 (b) J. F. Bredak
(Date received final report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
 (c) City or town St. Louis 17926
(If outside city or town limits, write "RURAL")
 (d) Street No. 2004 N 11 Th Str
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 23
 year 1944 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb 10 1944 to Apr 23 1944
 that I last saw him alive on Apr 21 1944
 and that death occurred on the date and hour stated above

Immediate cause of death Myoplexy 1 day

Due to Cerebral thrombosis 1 day

Due to arterial hypertension 5 yrs

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 Signature John Wehlerman (M.D.)
 Address 2926 S. Grand Date signed 7/24/44

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.....

Harry J. Spurner

Licensed Embalmer No.....

2679

P. O. Address.....

782 Timpany

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.