

FILED AUG 3 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6638**

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:
Deaconess Hospt. *1*
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 6 Days.
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME Martha Wehmuller.

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

4. Sex F / race W 5. Color or
 6. (a) Single, widowed, married, divorced. Widowed?

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

7. Birth date of deceased March 22, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 4 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Wm. ?

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

14. Maiden name Charlotte Schroeder

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. J. H. Bein
 (b) Address 7282 Gayola Ave. Maplewood, Mo.

17. (a) Burial (b) Date thereof. July 30, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Our Redeemer & St. Louis, Mo.

18. (a) Signature of funeral director Jay B. Smith
 (b) Address 7456 Manchester Ave

19. (a) Jul 20 1945 (b) J. F. Bredeck
(Date) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis *96*
 (c) City or town Maplewood *5*
(If outside city or town limits, write "RURAL") *3*
 (d) Street No. 7282 Gayola
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No) *NR*
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
 year 1945 hour 12 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 10
 1945 to July 28 1945
 that I last saw her alive on July 27 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 36 hrs.

Due to Carcinoma of ovary

Due to.....

Other conditions. 49 a
(Include pregnancy within 3 months of death)

Major findings: 49 a
 Of operations.....

Of autopsy Peritonitis, Ca. ovary
 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?
Mo.

While at work..... (Specify type of place)
 (f) Means of injury.....

23. Signature J. F. Bredeck (M. D. 0)
 Address 7456 Manchester Date signed 7-28-45

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

10
7
9

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 3454

Registered Apprentice No. _____

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.