

FILED SEP 11 1945

Registration District No. 88

Primary Registration District No. 4291

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Old Monroe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
----- /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln
(c) City or town Old Monroe
(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 June day 21
year 1945 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-25, 1944, to 6-21, 1945
that I last saw her alive on 6-21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
myocardial infarction

Duration

Due to _____
Due to Arterial Sclerosis

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 _____

23. Signature [Signature] (M. D. or other) [Signature]
Address Old Monroe Mo Date signed 6/23/45

3. (a) PRINT FULL NAME

Katherine Wehde

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 Married

6. (b) Name of husband or wife Henry Wehde
6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 7 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 0 14 hr. _____ min.

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Herman Niemeyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Goldsmith
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Wehde
(b) Address Old Monroe Mo.

17. (a) Burial (b) Date thereof 6-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Monroe Mo.

18. (a) Signature of funeral director [Signature]

(b) Address O'Fallon Mo.

19. (a) June 25-45 (b) [Signature]
(No received local registrar) (Registrar's signature)

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

New Burial

RECEIVED
District Health Officer No. 9,
District File Number 9
Date Filed 9-10-45

APR 9 1953

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 Ed. Keilly

Licensed Embalmer No. 822

P. O. Address O'Fallon 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.