

**FILED NOV 3 1945**

Registration District No. **319**

Primary Registration District No. **4469**

Registrar's No. **56**

1. PLACE OF DEATH:

(a) County **STE. GENEVIEVE**  
(b) City or town **STE. GENEVIEVE**  
(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 years, months or days)  
In this community **30 YRS.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **STE. GENEVIEVE**  
(c) City or town **STE. GENEVIEVE**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **EDWARD WEHMEYER**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **CAUCASIAN** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MURTEL HERZOG** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **SEPT 13 1897**  
(Month) (Day) (Year)

8. AGE: Years **48** Months **0** Days **18** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **NASHVILLE** **ILL 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RAILROAD CLERK, MO. ILL. RR.**

11. Industry or business \_\_\_\_\_

12. Name **EDWARD H WEHMEYER**

13. Birthplace **NASHVILLE** **ILL 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **AURORA KELLY**

15. Birthplace **NASHVILLE** **ILL 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. Myrtle Wehmer**

(b) Address **St. Genevieve Mo**

17. (a) **BURIAL** (b) Date thereof **OCT 3 - 45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **STE. GENEVIEVE MO**

18. (a) Signature of funeral director **Geo C Bash**

(b) Address **St. Genevieve Mo**

19. (a) **OCT 2 - 45** (b) **T. W. Douglas**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT** day **1**  
year **1945** hour **9** minute **27 A.M.**

21. I hereby certify that I attended the deceased from **March 1945** to **Oct 1 1945**  
that I last saw him alive on **Oct 1 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Corneal Detachment**

Due to **Pneumonia in Bronchi**

Due to **Pulmonary Degeneration**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Basal Tumor Adenocarcinoma**

Of autopsy **572**

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 **St. Genevieve Mo** (M. D. or other) **MD**

Address **St. Genevieve Mo** Date signed **10-1-45**

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 4  
District File Number 1145-1243  
Date Filed 11-2-45

NOV 6 1945

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

*Joseph C. Bisher*

Licensed Embalmer No. 1985

P. O. Address St. Lawrence Dr

**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.**