. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15311

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3517

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 HOSP O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution HOSP. 6 WKS (Specify whether years, months or days)
In this community 66 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town NORMANDY (If outside city or town limits, write "RURAL")
(d) Street No. 2964 CLEARVIEW DRIVE (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

NR16 0 0 1

3. (a) PRINT FULL NAME J. HARRY WEMHOENER
3. (b) If veteran, name war NIL
3. (c) Social Security No. 500-16-9987
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARIE WEMHOENER
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased DEC. 13 (Month) 1879 (Day) (Year)

8. AGE: Years 66 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) Mo (State or foreign country)
10. Usual occupation CLERK
11. Industry or business TOOL & DIE WORKS

FATHER
12. Name FREDERICK WEMHOENER
13. Birthplace UNK (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name FREDERICKA HEIDEMANN
15. Birthplace UNK. (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant MRS MARIE WEMHOENER
(b) Address 2954 CLEARVIEW DR. NORMANDY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/18/46 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CEM
18. (a) Signature of funeral director Friedmeyer & Sons
(b) Address 3934 N. 24 ST.
19. (a) APR 16 (Date received local registrar) (b) 1946 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1946 hour 5 minute 05 A. M.

21. I hereby certify that I attended the deceased from 3-6, 1946, to 4-16, 1946; that I last saw him alive on April 15 - 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis (Preceded by angina Pectoris)	1 day
Due to: Arteriosclerotic Heart Disease	14 yr (?)
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93	

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

23. Signature C. R. Shuffler (M. D. ~~another~~)
Address 634 N. Grand, St. Louis, Mo. Date signed 4-16-46

(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 me

, Registered Apprentice No. ,

working under my personal supervision.

Signed G. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 70 St

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.