

S. No. 2
M-5-43
5-17-39
I X36671

FILED JUL 31 1946

1003

Registrar's No. 5487

Registration District No. Primary Registration District No.

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:
Enroute To City Hospital 3
(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 Charles A. Wehmeyer

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

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October 30th 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	7	19	hr. min.

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

10. Usual occupation Clerk

11. Industry or business Retired

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mary Wehmeyer Wife
(b) Address 4127 Tholozan Ave

17. (a) Burial (b) Date thereof June 21st 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Peetz Funeral Home
(b) Address 3029 Lafayette Ave

19. (a) JUN 20 1946 (b) J. F. Bradack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4127 Tholozan Ave
(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 19th
year 1946 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration.....

Chronic Coronary Heart Disease

Due to.....

Arteriosclerosis

Due to.....

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

Major findings:
Of operations 9/2

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?.....

23. Signature Patrick E. Taylor (M. D. or other).....
Address 1300 Clark Date signed 6-30-46

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

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

MOTHER FATHER

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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3836 Botanical

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.