

FILED NOV 25 1946  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 39203  
Registrar's No. 9814

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: 6280 Reber Pl.  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LENA H. WEHMEYER

3. (b) If veteran, name war. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Frederick Wehmeyer

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 25 1860  
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 22  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Kirkwood Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Hugo H. Jacobi

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Borgman

15. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. J. Cunningham

(b) Address 6280 Reber Pl.

17. (a) Burial (b) Date thereof Nov. 20 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Oak Hill Cemetery  
C. HOFFMEISTER COLONIAL MORTUARY

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 10464 Chippewa St.

19. (a) NOV 18 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis 31  
(If outside city or town limits, write "RURAL")

(d) Street No. 6280 Reber Pl.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17  
year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Nov. 14 1946 to Nov 17 1946  
and that death occurred on the date and hour stated above

that I last saw him alive on Nov. 17 1946

Immediate cause of death acute endocarditis Duration 2 wks

Due to chronic nephritis 6 yrs

Due to \_\_\_\_\_

Other conditions apoplectic condition 20 yrs.

(Include pregnancy within 3 months of death)

Major findings: 65

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 Walter A. Bell (M. D. or other) Med.  
Address 2253 W 39th Date signed 11-18-46

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

380734

Dr. Walter Abell  
3901 Shenandoah Ave.

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**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 *Louis C. Hoffmann*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

**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.**