V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947 #72965

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26191
6622

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

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missori.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community years, months or days)

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. 7 5444 Beacon Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM WEHMUELLER
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 Louise Wehmueller
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased December (Month) 9th (Day) 1888 (Year)

8. AGE: Years 58 Months 7 Days 4 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Stock Clerk
11. Industry or business Retail Furniture Co.
FATHER
12. Name Henry F. Wehmueller
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sophie Kline
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Louise Wehmueller
(b) Address 5444 Beacon Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge.
19. (a) JUL 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year 1947 hour 3:10 minute A M.
21. I hereby certify that I attended the deceased from 7/3/47, 19, to July 13th, 1947 that I last saw him alive on July 13th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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. E. Boyd (M. D. or other)
Address 1515 Lafayette Date signed 7/14/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Mud

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 Ralph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis 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.