

No. 2
-12-45
5-17-39
X47070

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39338**
Registrar's No. **188**

FILED NOV 18 1947
Registration District No. **310**

Primary Registration District No. **3058**

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

1. PLACE OF DEATH:
(a) County **St. Charles 310**
(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3020 N 4th St, St. Charles
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution **None**
(Specify whether **Life**)
In this community **Life**
years, months or days

3. (a) PRINT FULL NAME **Peter Ernest Wehmier**
3. (b) If veteran, name war
3. (c) Social Security No. **490-20-2685**

4. Sex **M** 5. Color or race **W**
6. (a) Single, ~~Married~~, divorced, **Married**
6. (b) Name of husband or wife **Cathrine Wehmeier**
6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **March, 27, 1870**
(Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **4**
If less than one day hr. min.

9. Birthplace **St. Louis Co.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business
12. Name **Ernest Wehmeier**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Not Kown**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mike Jose**
(b) Address **New Melle, Mo**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-3-47**
(Month) (Day) (Year)
(c) Place: burial or cremation **Wolf Cem**

18. (a) Signature of funeral director **Maria Muschay**
(b) Address **Wentzville, Mo**
19. (a) **11-6-47** (Date received local registrar)
(b) **Francis Hamelton** (Registrar's signature) **7811**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **St. Charles 92**
(c) City or town **St. Charles 9**
(If outside city or town limits, write "RURAL") **3**
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **ND**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct, 31, 1947**
year hour minute M.

21. I hereby certify that I am a ~~physician~~ **physician** who has viewed the **body, Oct, 31, 1947** to
that I last saw him **alive on** **19**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**
Duration
Due to **Arteriosclerosis**
Due to

Other conditions **44A**
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy **None**
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 **3**
23. Signature **Maria Muschay** (If not a physician)
Address **Wentzville, Mo** Date signed **Oct 31-47**

RECEIVED
District Health Officer No. 9.
District File Number
Date Filed 11-12-47

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 *Marie Murchang*
Licensed Embalmer No. *2469*
P. O. Address *Montgomery*

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.