

No. 2  
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-5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39349  
Registrar's No. 21

Registration District No. 308  
Primary Registration District No. 6086

1. PLACE OF DEATH:  
(a) County St. Charles  
(b) City or town New Melle  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community Life  
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Katie M. Wehmeier

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 5th 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 3 1 hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

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

12. Name Valentine Reiffer

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

14. Maiden name Catherian Miller

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

16. (a) Informant Mrs Mike Jose

(b) Address New Melle, Mo.

17. (a) Burial (b) Date thereof Nov, 8, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wolf Cemetery

18. (a) Signature of funeral director Maria Munching  
(b) Address Wentzville, Mo.

19. (a) Nov. 12, 1947 (b) Jessie Sussman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 6  
year 1947 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 15, 1947, to NOVEMBER 6, 1947.  
that I last saw her alive on NOVEMBER 6, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA of Stomach  
Duration 6 mo.

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations H6 B  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 2

23. Signature W.E. Bergesen (M. D. or other) D.O.  
Address Wentzville, Mo. Date signed 11-8-47

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
NOV 19 1947

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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

*Marie M. Murchison*

Licensed Embalmer No. *2461*

P. O. Address *Wentzville, 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.**