

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

FILED APR 14 1948

Registration District No. 310 Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
322 South Main Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community Life time (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Betty Mae Wehmeier

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September 27 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>5</u>	<u>29</u>	hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Otto G. Wehmeier

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

14. Maiden name Opal B. Spencer

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

16. (a) Informant Otto G. Wehmeier

(b) Address 322 S. Main-St. Charles, Mo.

17. (a) burial (b) Date thereof Mar 27-1948
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery, St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 3/29/48 (b) Hannie Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 322 South Main Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1948 hour 7:00 minute A M.

21. I hereby certify that I attended the deceased from 2/14/48
....., 19....., to 3/25/48, 1948
that I last saw her alive on 3/24/48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Bronchopneumonia Duration 3 days

Due to.....

Due to Status Lymphaticus

Other conditions (Myxoma gland enlargement) 1 yr

Major findings:
Of operations.....

Of autopsy Bronchopneumonia
Myxoma gland enlargement

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? No (Specify type of place) (e) Means of injury.....

23. Signature A. J. Thiele (M. D. or other)
Address 126 S. Main St. St. Charles, Mo. Date signed 3/27/48

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

NE 21111
District Health Officer No. 9,
District File Number
Date Filed APR 12 1948

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.....

Licensed Embalmer No. 4189

P. O. Address. St. Charles 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.