

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

10810

FILED APR 3 1948 318
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2778

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 50 Years
(Specify whether 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. 1247 McLaren Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Sophia Wehmuller

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife H. Fred

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

7. Birth date of deceased October 28 1878
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	4	22	hr. _____ min. <u>1</u>

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1948 hour 1:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from Mar 16, 1948, to Mar 20, 1948
that I last saw her alive on Mar 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Stokes Adam Syndrome

Due to _____

Due to _____

Other conditions 94
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Okawville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
At. Home

11. Industry or business _____

12. Name Frederick Hohlt

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

14. Maiden name W. Rennege
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Harry F. Niehaus Niece

(b) Address 166 No. Bemiston

17. (a) Burial (b) Date thereof Mar 23 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home
1936 St. Louis Avenue

(b) Address _____

19. (a) MAR 22 1948 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature A. H. Dewing (M. D. or other) M.D.
Address 2342 Proctor Date signed _____

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

2342 St. Louis Ave.

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 Chas. W. Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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.