

No. 10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 12 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10817

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3201

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:  
2145 E. College Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(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. 2145 East College Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME KATHERINE WESEMANN

3. (b) If veteran, name war None 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 Henry Wesemann 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 30, 1861  
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

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

12. Name John B. Mahr,  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert E. Wesemann  
(b) Address 2147 E. College Avenue

17. (a) Burial (b) Date thereof 4-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary cemetery

18. (a) Signature of funeral director J. P. Brueck  
(b) Address 2117 E. Grand Blvd.

19. (a) \_\_\_\_\_ (b) J. P. Brueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st  
year 1948 hour 6 minute 53 P. M.

21. I hereby certify that I attended the deceased from 3/5, 1948 to 3/31, 1948  
that I last saw h. er. alive on 3/31 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Bronchopneumonia 2 weeks

Due to Anterior basilar, Head trauma with left ventricular failure 5 weeks

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

23. Signature Charles H. Walters (M. D.)  
Address 3971 Lee Ave Date signed 4/11/48

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

---

---

**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 Frank A. Moore  
Licensed Embalmer No. 3041  
P. O. Address 2117 E. Main

**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.**