

S. No. 3906
M-10-47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41932

State File No.

FILED JAN 11 1948
318

1003

Registrar's No. 11045

Registration District No.

Primary Registration District No.

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: St. Anthony Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two Weeks,
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 17
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. Franciscan Monastery, 3140 Meramec St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th
year 1948 hour 1: minute 15 P.M.

21. I hereby certify that I attended the deceased from 2nd
1946, 19to Dec 14, 1948
that I last saw him alive on 29 Dec 48
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Bronchopneumonia (gastro) ulcer 6 mo
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy as above

Duration

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? _____
(Specify type of place)
While at work _____ (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 465 So Grand Date signed Dec 23 48

3. (a) PRINT FULL NAME Rev. Bernard Wewer, O.F.M.
(Herman Wewer),
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male, 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 December 13, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 -0- 6 hr. min.

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

10. Usual occupation Religious Priest,

11. Industry or business Franciscan Order,

12. Name Augustine Wewer,

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 Rev. Marion A. Habig, O.F.M.,

(b) Address 3140 Meramec St.,

17. (a) Burial, (b) Date thereof 12/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 2842 Meramec St.
19. (a) DEC 21 1948 (Date received local registrar)
J. B. Lassater (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....me.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. 219
2842 Meramec St.,
P. O. Address.....St. Louis, 18, 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.