

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25490

96
2
3

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 9063 Registrar's No. 1716

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u> c. LENGTH OF STAY (In this place) <u>1</u> <u>3</u> WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EUREKA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY</u>		d. STREET ADDRESS (If rural, give location) <u>Eureka</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>J</u> c. (Last) <u>WEDLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 7, 1882</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>
11. BIRTHPLACE (State or foreign country) <u>FORT WAYNE, IND.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HERMAN WEDLER</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA BAUER</u>	
14. NAME OF HUSBAND OR WIFE <u>Elise Wedler</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elise Wedler</u> ADDRESS <u>Eureka, MO</u>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca head of pancreas</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Ca. head of pancreas with complete obstruction to cholecystus</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 2, 1949</u> , to <u>July 20, 1949</u> that I last saw the deceased alive on <u>July 20, 1949</u> , and that death occurred at <u>3:15</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>William Brown M.D.</u> (Degree or title)		23b. ADDRESS <u>601 Brentwood Blvd</u>	
23c. DATE SIGNED <u>July 20, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 23, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ellen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Alton, MO</u>	
DATE REC'D BY LOCAL REG. <u>7-21-49</u>		REGISTRAR'S SIGNATURE <u>Richard R. Harshbarger</u>	
25. FEDERAL DIRECTOR'S SIGNATURE <u>John S. Thibodeau</u>		ADDRESS <u>Alton, MO</u>	

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

August Brems
.....
Licensed Embalmer No. *4338*
.....
P. O. Address *Cañon, 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.