

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 68733
1733

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2149 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hosp.				d. STREET ADDRESS (If rural, give location) 14-5728 Tholozan			
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) C.		c. (Last) Wehking		4. DATE OF DEATH (Month) (Day) (Year) 2/20/50	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 29, 1892	
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Freight Agent		10b. KIND OF BUSINESS OR INDUSTRY Merchant Shippers Assn		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Wehking		13b. MOTHER'S MAIDEN NAME Dora Oldenburg		14. NAME OF HUSBAND OR WIFE Lillian	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-07-3812		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Wehking--5728 Tholozan			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) DUE TO (b) Thrombosis of anterior circumflex coronary artery DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 27 days 27 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 2-3, 1950, to 2-20, 1950, that I last saw the deceased alive on 2-19, 1950, and that death occurred at 7:23a m., from the causes and on the date stated above.							
23a. SIGNATURE a. J. Steiner 0 (Degree or title) MD.				23b. ADDRESS 634 N. Grand. St. H.		23c. DATE SIGNED 2-22-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 2/23/50		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. FEB 23 1950		REGISTRAR'S SIGNATURE J. B. Suter		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Welderle		ADDRESS 3634 Gravois	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Robert Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2138

P. O. Address St Louis, 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.