S. No. 300
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FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10040

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 4455 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) "rural" Portage des Sioux, Twsp
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) enroute to work

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles 0923
d. STREET ADDRESS (If rural, give location) 102 South Main Street

3. NAME OF DECEASED (Type or Print)
a. (First) Fred
b. (Middle) H.
c. (Last) Wehmeier

4. DATE OF DEATH (Month) (Day) (Year) March 30 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 27- 1881
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Common labor
11. BIRTHPLACE (State or foreign country) Kirkwood, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ernest Wehmeier
13b. MOTHER'S MAIDEN NAME Louise Totenberg
14. NAME OF HUSBAND OR WIFE Dec'd 1928 Della (Ostoff) Wehmeier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-18-9032
17. INFORMANT'S SIGNATURE OR NAME Cecil L. Wehmeier (son) ADDRESS St. Charles, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occulsion — INTERVAL BETWEEN ONSET AND DEATH: sudden

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. 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Heart Failure
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Portage Township (COUNTY) St Charles (STATE) Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Death March 30 1950 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? on way to work riding in car

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 8: A m., *from the causes and on the date stated above.*

23a. SIGNATURE H W Grasser (Degree or title) Investigator
23b. ADDRESS Portage des Sioux, Mo.
23c. DATE SIGNED Mar. 31, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 1, 1950
24c. NAME OF CEMETERY OR CREMATORY Fitts Cemetery
24d. LOCATION (City, town, or county) Ordnance area Weldon Springs, (State) Mo.

DATE REC'D BY LOCAL REG. April 1st 1950
REGISTRAR'S SIGNATURE H W Grasser 366
25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dallmeyer + Sons Co ADDRESS 800 N. 2nd--St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 4189 [signature] Student Embalmer No. [signature], working under my personal supervision.

Student [signature]
Student Embalmer

Signed Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St Charles 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.