

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17887
 BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>	c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Old Monroe Rural</u> <u>05711</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) -----	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Herman</u>	b. (Middle) <u>Joseph</u>	c. (Last) <u>Wehde</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1950</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>Feb. 8 1910</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
-----------------------	----------------------------------	--	--	--	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm ing</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>stock & Grain</u>	11. BIRTHPLACE (State or foreign country) <u>Old Monroe Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	--

13a. FATHER'S NAME <u>Henry Wehde</u>	13b. MOTHER'S MAIDEN NAME <u>Hemmesmeier</u>	14. NAME OF HUSBAND OR WIFE <u>Cordelia Wehde</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>Cordelia Wehde</u>	ADDRESS <u>Old Monroe Mo.</u>
---	--	--	----------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 da.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>tumor of pituitary gland</u>	<u>6 mo?</u>
		DUE TO (c) <u>(malignant) supp. report</u>	<u>19.5X</u>
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) m.	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 Jan 1946, to 1 May, 1950, that I last saw the deceased alive on 30 Apr, 1950, and that death occurred at 12:0 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lawrence J. Behan MD</u>	(Degree or title)	23b. ADDRESS <u>O'Fallon Mo</u>	23c. DATE SIGNED <u>5-5-50</u>
---	-------------------	------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 4-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>	24d. LOCATION (City, town, or county) (State) <u>Old Monroe Mo.</u>
--	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>5-10-50</u>	REGISTRAR'S SIGNATURE <u>Ramie Hausman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Keithly</u>	ADDRESS <u>O'Fallon Mo.</u>
--	---	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 15 1960
District Health Officer No. 9,
District File Number

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.

Signed _____

E. K. Keating

Signed _____
Student Embalmer

Licensed Embalmer No. 822

P. O. Address O'Fallon 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.