

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16353
4397

FILED MAY 15 1953

State File No. 16353
Registrar's No. 4397

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Normandy 418/	
c. LENGTH OF STAY (In this place) 40 hrs.		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		e. STREET ADDRESS (If rural, give location) 3634 St. Mary's Lane	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) WESLEY c. (Last) WEHMER			4. DATE OF DEATH (Month) (Day) (Year) April 28, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 3, 1885
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sta. Eng.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Henry Wehmer	
13b. MOTHER'S MAIDEN NAME Louise Buhrmeister		14. NAME OF HUSBAND OR WIFE Alice Dale Wehmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-03-7664	
17. INFORMANT'S SIGNATURE OR NAME Alice Dale Wehmer, 3634 St. Mar'y's		ADDRESS	
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma prostate	
19a. DATE OF OPERATION 4-28-53		19b. MAJOR FINDINGS OF OPERATION Carcinomatous - obstructive prostate	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 177X			
22. I hereby certify that I attended the deceased from 4-18, 1953, to 4-28, 1953, that I last saw the deceased alive on 4-28, 1953, and that death occurred at 11:00 a.m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Benjamin Pearson M.D.</i> (Degree or title)		23b. ADDRESS 3720 Wash. Ave	
23c. DATE SIGNED 4-29-53			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 5/1/53	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE APR 29 1953 <i>J. Call Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WHITE CHAPEL, FERGUSON, MO	

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.....#####
Signature of Student Embalmer

Signed *Eleana Poirice*.....

Licensed Embalmer No. *3403*.....

P. O. Address *Jennings, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.