

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41358**
Registrar's No. **10445**

FILED NOV 24 1953
BIRTH NO. **859101** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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 township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 24 2727 Wyoming 224%			
3. NAME OF DECEASED (Type or Print) a. (First) Richard		b. (Middle) Francis		c. (Last) Wehrle	
4. DATE OF DEATH (Month) (Day) (Year) 11 3 53		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0		8. DATE OF BIRTH 11-3-53		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 39	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 0	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Robert Joseph Wehrle		13b. MOTHER'S MAIDEN NAME Dorothy Amelia Martin	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy Wehrle, 2727 Wyoming		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Absence of diaphragm		INTERVAL BETWEEN ONSET AND DEATH 20 minutes	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 Absence of diaphragm, abdominal organs in check		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 7593	
22. I hereby certify that I attended the deceased from 11/3, 1953 , to 11/3, 1953 , that I last saw the deceased alive on 11/3, 1953 , and that death occurred at 2 A m., from the causes and on the date stated above.					
23a. SIGNATURE P. M. Lueb (Degree or title) MD		23b. ADDRESS 3402 California		23c. DATE SIGNED 11/3/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11-3-53		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		DATE REC'D BY LOCAL REG. NOV 3 1953		REGISTRAR'S SIGNATURE Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuti 2906 Lewis		ADDRESS			

Sheet

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 Not Embalmed
Signature of Student Embalmer

Signed Leo J. Cudd
Licensed Embalmer No. 3989
P. O. Address St. Louis

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.