

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2496**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **6051** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-St.Chas.twsp.	c. LENGTH OF STAY (In this place) life	c. CITY OR TOWN Rural-St.Chas.twsp.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Black Walnut		e. STREET ADDRESS (If rural, give location) Black Walnut	

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth	b. (Middle)	c. (Last) Wehmeyer	4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 17, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 3 Days 29	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and State or Foreign Country) Saint Charles Co., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Anton Albers	13b. MOTHER'S MAIDEN NAME Marie Purk	14. NAME OF HUSBAND OR WIFE Henry Wehmeyer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Wm.F. Wehmeyer ADDRESS Black Walnut, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic carcinoma of sigmoid colon		
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 Cholecystitis 153X			
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION carcinoma of sigmoid (resection)	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Jan 1, 1957**, to **Jan 16, 1956**, that I last saw the deceased alive on **Jan 15, 1956**, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE George E. Kister (Degree or title) MD	23b. ADDRESS St Charles, Mo	23c. DATE SIGNED 1-17-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 19, 1956	24c. NAME OF CEMETERY OR CREMATORY Saint Peter's Cemetery	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
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DATE REC'D BY LOCAL REG. Jan 19 1956	REGISTRAR'S SIGNATURE Franie Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE R.C. Dalloway ADDRESS St Charles, Mo.
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WRITE PLAINLY—USING UNFAADING 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.....
Frank R. Amala

Licensed Embalmer No.....
11

P. O. Address.....
St. Charles

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.