FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14969

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3716

1. PLACE OF DEATH a. COUNTY: Missouri	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY:
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis c. LENGTH OF STAY (in this place): 3Y1M17da	c. CITY OR TOWN: St. Louis d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chronic Hospital	e. STREET ADDRESS (If rural, give location): 13 5600 Arsenal 2 13 9 c
3. NAME OF DECEASED (Type or Print) a. (First): Katie b. (Middle): c. (Last): Wehinger	4. DATE OF DEATH (Month) (Day) (Year): 4/13/56
5. SEX: Female 1	6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow 2	8. DATE OF BIRTH: 8/11/1870
9. AGE (In years last birthday): 85 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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Fritag	13b. MOTHER'S MAIDEN NAME: Katherine ?
14. NAME OF HUSBAND OR WIFE: Deceased	
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: Chronic Hospital, 5600 Arsenal	ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Old Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 443x	20. AUTOPSY? YES ☐ NO ☒
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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/27, 1953, *to* 4/13, 1956, *that I last saw the deceased alive on* 4/13, 1956, *and that death occurred at* 3:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George M. Tanaka, M.D.	23b. ADDRESS: 5600 Arsenal	23c. DATE SIGNED: Apr. 13, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 4-16-1956	24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Co., Missouri		
DATE REC'D BY LOCAL REG.: APR 14 1956	REGISTRAR'S SIGNATURE: J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: McLaughlin F.H., Inc., 2301 Lafayette

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James K. Chapman

Licensed Embalmer No. 4

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.