

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11601**

FILED APR 8 - 1957

BIRTH NO. _____		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 590	Registrar's No. 816
1. PLACE OF DEATH a. COUNTY ST. LOUIS 4001		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) BRENTWOOD		c. LENGTH OF STAY (in this place) 8 YRS.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 9019 LAWN AVE.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRENTWOOD 4311		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) W.		c. (Last) WEDEMEIER
4. DATE OF DEATH (Month) (Day) (Year) MARCH 25, 1957		5. SEX MALE 6. COLOR OR RACE WHITE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 6, 1889		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LUMBER SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY LUMBER		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN WEDEMEIER		
13b. MOTHER'S MAIDEN NAME U.K.		14. NAME OF HUSBAND OR WIFE HULDA WEDEMEIER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 492-05-5889		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. HULDA WEDEMEIER, 9019 LAWN
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of sigmoid & rectum DUE TO (c) 7 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? 2 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?
22. I hereby certify that I attended the deceased from 1952 , to Mar 25 , 1957, that I last saw the deceased alive on Mar. 24 , 1957, and that death occurred at 3 A. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Name and title) Norton John Overroll M.D.		23b. ADDRESS 6356 Clinton Road, St. Louis 17, Mo.		23c. DATE SIGNED Mar 26, 1957
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 27, 1957		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY, ST. LOUIS COUNTY, MISSOURI
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STOCK MORTUARY, 889 S. BRENTWOOD		
DATE REC'D BY LOCAL REG. 3/26/57		REGISTRAR'S SIGNATURE Herbert A. Dumble M.D.		

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

Dr. M. Everett
6356 Clayton Rd.

1-4060

WY 3-1197

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
Student Embalmer

Signed Paul A. Vachter

Licensed Embalmer No. 4787

P. O. Address How 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.