

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

11602

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 847

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b> <b>4001</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ladue</b> Inside Limits Yes* No <input type="checkbox"/>		c. CITY OR TOWN <b>Ladue</b> <b>4431</b> Inside Limits Yes* No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Res. #14 Briarcliff</b> Length of stay in lb <b>20yrs</b>		d. STREET ADDRESS (If outside, give location) <b>#14 Briarcliff</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Frederick</b> Middle <b>Widmann</b> Last <b>Wehmiller</b>			4. DATE OF DEATH Month <b>March</b> Day <b>27</b> Year <b>1957</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 27, 1911</b>
9. AGE (In years last birthday) <b>45yrs</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President Barry Wehmiller</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Machinery Corp</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Alfred Henry Wehmiller</b>	
14. MOTHER'S MAIDEN NAME <b>Lillie Widmann</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>	
16. SOCIAL SECURITY NO. <b>489-10-0940</b>		17. INFORMANT Address <b>Mrs. Eleanor Wehmiller #14 Briarcliff</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>arterio-sclerosis</b> DUE TO (c) <b>Coronary insufficiency Sep. 1952</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15 minutes</b> <b>5 years</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Nov 16, 1945</b> to <b>Mar 27, 1957</b> and last saw her alive on <b>Mar 4, 1957</b> Death occurred at <b>3 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Herb R. Domb</b>		22b. ADDRESS <b>3720 Washington</b>	
22c. DATE SIGNED <b>3-28-57</b>		23. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>March 30, 1957</b>	
23c. LOCATION (City, town, or county) <b>St. Louis,</b>		(State) <b>Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Alexander &amp; Sons 6175 Delmar</b>		25. DATE RECD. BY LOCAL REG. <b>3/29/57</b>	
26. REGISTRAR'S SIGNATURE <b>Herbert R. Domb MD</b>			

(Licensed Embalmer's Statement on Reverse Side)

Health,  
Welfare  
Public  
Service300  
1-55

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certificate on mimeograph paper.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

Dr Harold Newman  
3720 Washington  
JE3 4515

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 *Jos. E. McCulloch*

Licensed Embalmer No. 246

P. O. Address 1175 Rll

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