

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008440

STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 286

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Koch Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ROBERT KOCH HOSP</u>			Length of stay in 1b <u>41 days</u>	d. STREET ADDRESS (If outside, give location) <u>26 3335 KLEIN</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>LAWRENCE</u> <i>First</i> <u>LAWRENCE</u> <i>Middle</i> <u>F.</u> <i>Last</i> <u>WEHMEIER</u>				4. DATE OF DEATH <u>JAN 28 1958</u> <i>Month</i> <u>JAN</u> <i>Day</i> <u>28</u> <i>Year</i> <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JUNE 22, 1903</u>		9. AGE (In years last birthday) <u>54</u> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wurmser Company</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>HENRY WEHMEIER</u>				14. MOTHER'S MAIDEN NAME <u>MARY FREIZE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-10-3740</u>		17. INFORMANT <u>Mrs. Dorothy M. Wehmeier</u> <u>HOSPITAL RECORD KOCH HOSPITAL</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>CHRONIC PULMONARY TUBERCULOSIS</u>							INTERVAL BETWEEN ONSET AND DEATH <u>002X</u>
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
19c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
19d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		19e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		19f. CITY, TOWN, OR LOCATION		19g. COUNTY STATE	
21. I attended the deceased from <u>Dec 18, 1957</u> to <u>Jan 28, 1958</u> and last saw <u>him</u> alive on <u>Jan 28, 1958</u> Death occurred at <u>8:45</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Frank Cohen MD</u>				22b. ADDRESS <u>Robert Koch Hosp Koch Mo</u>			22c. DATE SIGNED <u>1-29-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>February 1, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		
24. FUNERAL DIRECTOR <u>Math Hermann & Son, Inc. 2161 E. Fair</u>				25. DATE RECD. BY LOCAL REG. <u>1/30/58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Clement McNear*

Licensed Embalmer No. *397*

P. O. Address *St. Louis*

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