

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019752
STATE FILE NUMBER
Registration No. 5055

FILED JUN 4 1959 Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN New Haven Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess		Length of stay in lb 2 1/2 Days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ADOLPH Middle AUGUST Last WEHRMANN			4. DATE OF DEATH Month May Day 24 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 18, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Blacksmith	11. BIRTHPLACE (City and state or country) New Haven, MO
13a. FATHER'S NAME Frederick A. Wehrmann		13b. MOTHER'S MAIDEN NAME Ida Reker	14. NAME OF HUSBAND OR WIFE Elsie Wehrmann
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #1		16. SOCIAL SECURITY NO. 487-38-1921	17. INFORMANT Address Mr. Fred Wehrmann New Haven Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE DUE TO (c) 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS.			INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <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 1953 to 5-24-59 and last saw her/him alive on 5-23-59 Death occurred at 7:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert Elack M.D. (Degree of title)		22b. ADDRESS 35 N. CENTRAL	22c. DATE SIGNED 5-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-27-1959	23c. NAME OF CEMETERY OR CREMATORY St. Peters E. & R. Cem.	23d. LOCATION (City, town, or county) (State) New Haven Mo.
24. FUNERAL DIRECTOR L. C. Fertig & Son New Haven Mo.		25. DATE RECD. BY LOCAL REG. MAY 25 '59	26. REGISTRAR'S SIGNATURE Loam Smith. M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *William B. White*

Licensed Embalmer No. *4291*

P. O. Address *222 1/2 ...*

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.