

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004214

FILED VS FEB 1 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2133 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>2 days</u>	c. CITY OR TOWN <u>Jennings</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>Missouri Baptist Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9228 Catalina Drive</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Ann</u> Last <u>Wehmeyer</u>			4. DATE OF DEATH Month <u>January</u> Day <u>4</u> Year <u>1960</u>			
5. SEX <u>female</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>6-12-1894</u>	9. AGE (last birthday) <u>65</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Mathias Burgund</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Bussman</u>		14. NAME OF HUSBAND OR WIFE <u>Oliver S. Wehmeyer</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>none</u>	17. INFORMANT <u>Oliver S. Wehmeyer, 9228 Catalina Drive</u> Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Atrial Infarction - Massive</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus - Uncontrolled</u>		<u>18 yrs</u>
DUE TO (c) <u>Hypotensive Crisis - Myocardial Infarction - Acute</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetic Ketosis -</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <u>260x</u>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____	

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.) <u>January 3/60</u>	20f. CITY, TOWN, OR LOCATION <u>Jennings</u>	COUNTY <u>Missouri</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>January 3/60</u> to <u>January 4/60</u> and last saw her <u>alive</u> on <u>Jan 4 - '60</u> Death occurred at <u>4:05 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>F. J. Helling M.D.</u> (Degree or title)	22b. ADDRESS <u>8321 W Broadway</u>	22c. DATE SIGNED <u>1/5/60</u>
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan 7 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>
23d. LOCATION (City, town, or county) <u>St. Louis Missouri</u>		

24. FUNERAL DIRECTOR <u>Math Hermann & Son, Inc., 2161 E. Fair</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>JAN 6 1960</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
 DOCUMENT
 Administered by Legist 1-3-60 at 10:50 AM
 BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Clement McNeary*

Licensed Embalmer No. 3738

P. O. Address *St. Louis*

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