MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-027475
STATE FILE NUMBER

AMENDED

FILED JUL 25 1961 Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6448

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 37 yrs

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lutheran Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 6808 Morganford Rd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ALVIN Middle F. Last WEHMUELLER

4. DATE OF DEATH Month July Day 11, Year 1961

5. SEX male

6. COLOR OR RACE white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12/4/1896

9. AGE (last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) checker

10b. KIND OF BUSINESS OR INDUSTRY Mfg. Farm Equip.

11. BIRTHPLACE (City and state or country) Friedheim, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Louis F. Wehmueller

13b. MOTHER'S MAIDEN NAME Mary Ochs

14. NAME OF HUSBAND OR WIFE Clara Lenander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

17. INFORMANT Address Mrs. Clara Wehmueller, 6808 Morganford Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Paralysis Agitans — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cerebral Arteriosclerosis — 5 yrs

DUE TO (c) 350x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1/21/60, to 7/10/61 and last saw her/him alive on 7/10/61
Death occurred at 4:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frede Mortensen M D

22b. ADDRESS 3701 Grandel Square

22c. DATE SIGNED 7/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE July 14, 1961

23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H.INC., 1936 St.Louis Ave.

25. DATE RECD. BY LOCAL REG. JUL 12 1961

26. REGISTRAR'S SIGNATURE Earl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Dr. Frede Mortensen,
3701Grandel Square
12:30 to 4 PM

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 Homer H. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.