

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027928

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2033 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**FILED JUL 25 1961**

1. PLACE OF DEATH  
 a. COUNTY ST. LOUIS  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBSTER GROVES Length of stay in lb 681 days  
 c. CITY OR TOWN Glendale Inside Limits Yes  No   
 d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glenwood Home & Hospital Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 740 Hawbrook Rd. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
William F. Wemhoener 31 JULY 20 61

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10/11-1869 9. AGE (last birthday) 91 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) Germany 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Wemhoener 13b. MOTHER'S MAIDEN NAME not known 14. NAME OF HUSBAND OR WIFE Catherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish American 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT William F. Wemhoener, Jr. Address 740 Hawbrook

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Myocardial infarction  
arteriosclerotic heart disease  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
generalized arteriosclerosis DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic brain syndrome due to cerebral arteriosclerosis  
 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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. p.m.

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 9-8-1959 to 7-20-61 and last saw him alive on July 20-61  
 Death occurred at 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas T. Ziegenhein 22b. ADDRESS 1300 Grant Rd. 22c. DATE SIGNED 7-20

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 7-22-61 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS John L. Ziegenhein & Sons 25. DATE RECD. BY LOCAL REG. 7-20-61 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.  
7027 Gravois (Licensed Embalmer's Statement on Reverse Side)

**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 Donald Biny

Licensed Embalmer No. 4863

P. O. Address H. F. Lewis

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.