

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027937  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2036

FILED AUG 3 1961

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>Affton</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis County Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>6105 Deerwood</b>	

3. NAME OF DECEASED (Type or print) First <b>Cletus</b> Middle <b>T.</b> Last <b>Wibbermeyer</b>			4. DATE OF DEATH Month <b>July</b> Day <b>19</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-9-1917</b>	9. AGE (last birthday) <b>43</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mail Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U S Post Office</b>	11. BIRTHPLACE (City and state or country) <b>Perryville, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>G. E. Wibbermeyer</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ruchheit</b>		14. NAME OF HUSBAND OR WIFE <b>Lorena</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**Yes-WW-2**

17. INFORMANT Address  
**Lorena Wibbermeyer 6105 Deerwood**

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

IMMEDIATE CAUSE (a) **Gunshot wound of head**

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)

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.)  
**Self inflicted gunshot wound of head**

20c. TIME OF INJURY  
Hour **11:00** a.m. **xx** Month, Day, Year **7/19/61**

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.)  
**bedroom of home**

20f. CITY, TOWN, OR LOCATION  
**Affton St. Louis Missouri**

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **12:58 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
*Raymond J. [Signature]* Coroner Clayton, Missouri

22b. ADDRESS  
**Clayton, Missouri**

22c. DATE SIGNED  
**7/26/61**

23a. BURIAL, CREMATION, or REMOVAL (Specify)  
**Removal**

23b. DATE  
**7-20-1961**

23c. NAME OF CEMETERY OR CREMATORY  
**Mt. Hope Cemetery**

23d. LOCATION (City, town, or county) (State)  
**Perryville, Mo.**

24. FUNERAL DIRECTOR ADDRESS  
**C. Hoffmeister Mortuaries 7814 S. Broadway**

25. DATE RECD. BY LOCAL REG.  
**7-20-61**

26. REGISTRAR'S SIGNATURE  
*John C. Murphy [Signature]*

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
SHOULD READ  
ITEM NO.

**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 John J. Dennehy

Licensed Embalmer No. 4 1949

P. O. Address St. Louis, Mo.

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.