

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-033395

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

 Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 95

STATE FILE NUMBER

AMENDED

FILED OCT 11 1961

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK TOWNSHIP		c. CITY OR TOWN IMPERIAL RURAL	
Length of stay in 1b 1 1/2 YRS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LONE DELL ROAD		d. STREET ADDRESS (If outside, give location) LONE DELL ROAD N	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last WALTER H. WEHMEYER			4. DATE OF DEATH Month Day Year SEPT 23 1961		
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 MAR 15 1890	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MAINTINANCE		10b. KIND OF BUSINESS OR INDUSTRY HOTEL	11. BIRTHPLACE (City and state or country) FENTON MO		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME FRED WEHMEYER		13b. MOTHER'S MAIDEN NAME LEONA JACOBI		14. NAME OF HUSBAND OR WIFE LOUISE WEHMEYER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 11 LOUISE WEHMEYER IMPERIAL MO		17. INFORMANT Address LOUISE WEHMEYER IMPERIAL 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) <i>Cor. Myocarditis</i> <i>Atherosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input 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.) <i>Arnold J. Jefferson Mo.</i>	
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.) <i>June 1961</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Imperial, Mo.</i>
21. I attended the deceased from <i>7:00 PM</i> to <i>Sept 23/61</i> and last saw her/him alive on <i>9/20/61</i> Death occurred on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Heich M.S.</i>	22b. ADDRESS <i>Imperial, Mo.</i>	22c. DATE SIGNED <i>9/25/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE SEPT 27 1961	23c. NAME OF CEMETERY OR CREMATORY NEW ST MARCUS	23d. LOCATION (City, town, or county) ST. LOUIS COUNTY
24. FUNERAL DIRECTOR HEILIGTG IMPERIAL MO		25. DATE RECD. BY LOCAL REG. 9-27-61	26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>

 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

OCT 25 1961

JAN 9 1963

DEC 19 1962

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 Arthur W. Hurlington

Licensed Embalmer No. 3872

P. O. Address Imperial 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.