

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043254

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3323

AMENDED

1. PEACE OF DEATH  
 a. COUNTY **St. Louis**  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Hathaway Manor** Length of stay in 1b **2 1/2 Years**  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **2241 Heritage Drive,** Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **St. Louis**  
 c. CITY OR TOWN **Hathaway Manor** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **2241 Heritage Drive, 36,** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **HARRY** Middle **J.** Last **WEHMUELLER** 4. DATE OF DEATH **November 23rd, 1961**  
 5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **5-21-1887** 9. AGE (last birthday) **74**  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Real Estate Broker** 10b. KIND OF BUSINESS OR INDUSTRY **Real Estate** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**  
 13a. FATHER'S NAME **Henry Wehmuller** 13b. MOTHER'S MAIDEN NAME **Alvina Hartmann** 14. NAME OF HUSBAND OR WIFE **Emma Wehmuller**  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Emma Wehmuller, 2241 Heritage Dr., 36,** 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) **Coronary thrombosis** INTERVAL BETWEEN ONSET AND DEATH **1 day**  
 DUE TO (b) **Arteriosclerotic heart disease** **6 years**  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 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.)  
 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 **Dec. 1943** to **Nov. 23, 1961** and last saw **him** alive on **Nov. 23, 1961**  
 Death occurred at **4:30 A. M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Denton John Eversall M.D.** 22b. ADDRESS **6256 Clayton Road, W. Union 17, Mo** 22c. DATE SIGNED **Nov. 24, 1961**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **11-27-61** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri.** 25. DATE RECD. BY LOCAL REG. **11-24-61** 26. REGISTRAR'S SIGNATURE **John C. Murphy M.D.**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

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 me or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert E. Muhlman

Licensed Embalmer No. 4916

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.