

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022530

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

116

Primary Registration District No.

3030

Registrar's No.

149

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Washington</u>		c. CITY OR TOWN <u>Pacific</u>	
Length of stay in lb <u>1 mo.</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>P.R. 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Ernst</u> Middle <u>E.</u> Last <u>Wedemeier</u>		4. DATE OF DEATH Month <u>July</u> Day <u>4</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>2/18/1879</u>
9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Molorman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Street R.R. Station</u>	
11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Wedemeier</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Roby</u>	
14. NAME OF HUSBAND OR WIFE <u>Fretta Wedemeier</u>		Address <u>4161 Hillmore St. Springfield, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mrs. Delmae Collier</u>		Address <u>4161 Hillmore St. Springfield, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coroner's Examination</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocarditis chr.</u> DUE TO (c) <u>chr. Respiratory Infection</u> 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 <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>		
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 <u>Jan 12</u> to <u>Jan 4, 62</u> and last saw him alive on <u>Jan 3, 62</u> Death occurred at <u>1:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>Washington Mo</u>	
22c. DATE SIGNED <u>7/5/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>July 6, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Washington, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Hebert & Co., Inc.</u>		25. DATE RECD. BY LOCAL REG. <u>7/5/62</u>	
Address <u>Washington, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Leola E. J. Sedemann</u>	
(Licensed Embalmer's Statement on Reverse Side)			

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 0365

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JUL 18 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 Jerome F. Levoboda

Licensed Embalmer No. 4509

P. O. Address Washington 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.