

REC'D FEB 10 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

960  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis, Mo.** (d) Street No. **Christian Hospital** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

**153** Fred J. Wehrmann,  
 4551 Adelaide Ave.  
 (a) Residence, No. St. **9** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Emily Jane Wehrmann**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 31st, 1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**47 0 28**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Clerk Grocer**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER 13. NAME **Herman Wehrmann**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Emily Peters**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Miss. Jeannette Wehrmann, 4551 Adelaide Ave.,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **Febry 1st 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Henry Leidner Und. 1417 N. Market Street.**

20. FILED **JAN 31 1939** **J. F. Budeck** Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 29, 1939.**

22. I HEREBY CERTIFY, that I attended deceased from **Jan 22, 1939**, to **Jan 29, 1939**  
 last saw him alive on **Jan 25, 1939** Death is said to have occurred on the date stated above, at **1:05 A.M.**  
 The principal cause of death and related causes of importance were as follows:

**Delirium Tremens** Date of onset **1-26-39**  
**Perforated Duodenum** **1-29-39**

Other contributory causes of importance:  
**Repairs of perforation** Date of **1-22-39**  
 Name of operation: What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19...  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury...  
 Nature of injury...

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify (Signed) **J. M. Brown** M. D.  
 (Address) **2867<sup>1/2</sup> Union Blvd.**

28692  
E. 8483

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed John P. Buchholz  
Licensed Embalmer No. 1674  
P. O. Address 2223 St. Louis Ave

**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 this body is not embalmed, above space should be left blank.**