DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 282

Registration District No. 791 Primary Registration District No. Registrar's No. 282

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Bros. Hospital 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 WEEKS (Specify whether

In this community 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 15 (If outside city or town limits, write "RURAL")

(d) Street No. 4020 California (If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME Henry Wehking 252

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dora Wehking

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 1 (Day) 1862 (Year)

8. AGE: Years 77 Months 8 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Building Contractor 6

11. Industry or business

FATHER
12. Name Fred Wehking 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country) 6

16. (a) Informant's own signature Henry Wehking

(b) Address 5728 Tholozan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Wm Schumacher

(b) Address 3013 Meramec

19. (a) JAN 10 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1940 hour 2 am minute — M.

21. I hereby certify that I attended the deceased from Nov 13 — 1939, to 1-8 1940; that I last saw him alive on 1-8 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of

Due to ~~Eso~~ Esophagus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph L Dennis (M. D. or other)

Address 4520 Virginia Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19511

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 Clarence Lochow, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence Lochow

Licensed Embalmer No. 3093

P. O. Address 3013 Merrame

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.