

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(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: 5405 Robin Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 65

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 5405 Robin Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 4th
year 1940 hour 11 pm minute 45 M.

21. I hereby certify that I attended the deceased from 7/17, 1939 to 4/7, 1940
that I last saw him alive on 4/7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to _____
Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____

Of autopsy: _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Paul R. G. [unclear] (M. D. or other) [unclear]
Address 4037 [unclear] Ave Date signed 4/7/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME HENRY WEHRMANN
3. (b) If veteran, name war no 3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Wehrmann 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April 13 (Month) (Day) (Year) 1877

8. AGE: Years 63 Months 0 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

10. Usual occupation External Gopher

11. Industry or business _____

12. Name Herman Wehrmann

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

14. Maiden name Emily Peters

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

16. (a) Informant Mrs Lena Wehrmann

(b) Address 5405 Robin Ave

17. (a) Burial (b) Date thereof 4-21-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel

18. (a) Signature of funeral director Henry Leake

(b) Address 1417 N. Market St.

19. (a) APR 26 1940 (Date received by registrar) [unclear] (Registrar's signature)

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

L337
Homer L. Ponder

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 Homer L. Ponder

Licensed Embalmer No. 3267

P. O. Address 2223 St. Louis

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.