

Registration District No. **791** Primary Registration District No. **1003**

FILED DEC 11 1940

I. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Deaconess Hosp**
(d) Length of stay: In hospital or institution **2 month**
In this community **2 yr.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Baden Station R-3**
(d) Street No. **Bellefontain Rd.**
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME: Albert Wehmeyer
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary L. Wehmeyer** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **June 30 1869**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 27 year 1940 hour 8 minute P.M.
21. I hereby certify that I attended the deceased from Nov. 1939 to Nov. 27, 1940
that I last saw him alive on **Nov. 27th, 1940**
and that death occurred on the date and hour stated above.

8. AGE: Years **71** Months **4** Days **28** If less than one day hr. min.

Immediate cause of death **CHRONIC NEPHRITIS**
Duration **ONE YEAR**

9. Birthplace **Oniel Mo.** (City, town, or county) (State or foreign country)
10. Usual occupation **Retired Judge**

Due to...
Due to...
Other conditions **NONE**
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business
12. Name **Gasper Wehmeyer**
13. Birthplace **Germany**
14. Maiden name **Henreatte Locker**
15. Birthplace **Germany**

Major findings: Of operations **NONE**
Of autopsy **NO**
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Rudolf Wehmeyer**
(b) Address **17 N. Wilson Tr. (Fodder) St. Louis Mo.**
17. (a) **Burial** (b) Date thereof **Nov. 30 1940**
(c) Place: burial or cremation **New Bethlehem Cem.**
18. (a) Signature of funeral director **Diedrich Funeral Home**
(b) Address **8319 Halls Ferry Rd.**
19. (a) **NOV 29 1940** (Date received local registrar)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **NO**
(b) Date of occurrence
(c) Where did injury occur?
(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
28. Signature **H. Van Hoefen** (M. D. or other) **M. D.**
Address **8313 HALLS FERRY RD. CITY** Date signed

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

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 Arthur R. Dieckrich

Licensed Embalmer No. 3556

P. O. Address 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.