

FILED JUL 13 1942

State File No. 5490

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

47
950
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Months
In this community 60 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sophie Wehrmeyer

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: April 20 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 4 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant William Wehrmeyer

(b) Address Dayton Kentucky

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/42
(Month) (Day) (Year)

(c) Place: burial or cremation: Bellefontaine Cem.

18. (a) Signature of funeral director: Wagoner Und. Co.

(b) Address 3621 Olive, St. Louis, Mo.

19. (a) JUN 27 1942 (Date received local registrar) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3758 West Pine Blvd.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1942 hour 7 minute 55 AM.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Thrombosis
following open fracture of
left femur when hit with
truck by one Salomon Davis
at point 93700 Olive
St. Louis, Mo. October 21 1942
Other conditions: About 5:45 PM
(Include pregnancy within 3 months of death)

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

Major findings: C/S
Of operations: _____
Of autopsy: _____

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

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

(b) Date of occurrence Oct. 20 1942

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rubber Plant

While at work? no (Specify type of place) (e) Means of injury Auto

23. Signature: Alfred G. Perry (M. D. or other)
Address: Superior Date signed 6/27/42

SEP 28 1942

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 *Robert T. Sangster*

Licensed Embalmer No. *4290*

P. O. Address *St. Louis, 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 this body is not embalmed, fact should be so stated above.