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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 4 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 5218 Primary Registration District No. Registrar's No. 859

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 16 Days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Harry H. Wehner
3. (b) If veteran, name war..... 3. (c) Social Security No. 196-22-1302

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced..... WIDOWED
6. (b) Name of husband or wife..... EDITH WIJERS 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... MAY 17 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>8</u>	<u>9</u>	hr. min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER
11. Industry or business JUNK DEALER

12. Name..... HENRY WEHNER
13. Birthplace..... GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name..... MARIE HOENER
15. Birthplace..... ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant..... Ann E. Wehner
(b) Address..... 5620 Home

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof..... Jan 28, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation..... NEW BETHLEHEM CEM.

18. (a) Signature of funeral director..... Resurrection Funeral Home Inc.
(b) Address..... JAN 1936 St. Louis Ave

19. (a) JAN 28 1943 (Date received local registrar) (b) J. F. Bradach (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... MISSOURI (b) County..... 000 12 N
(c) City or town..... ST. LOUIS 92
(If outside city or town limits, write "RURAL")
(d) Street No..... 725 PUTGER (REAR)
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... January day..... 26 year..... 1943 hour..... 6:30 minute..... P. M.
21. I hereby certify that I attended the deceased from..... January 11 19..... 43 to..... January 26 19..... 43
that I last saw him alive on..... January 26 19..... 43
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Thrombosis, left middle cerebral artery
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... neg.
Of autopsy..... no

PHYSICIAN
Underline the cause to 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?

While at work?..... (Specify type of place)
23. Signature..... Resurrection Funeral Home Inc. (M. D. or other)
Address..... 1515 Lafayette Avenue Date signed..... 1/27/43

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 Helit J. Krizpin

Licensed Embalmer No. 3497

P. O. Address 1936 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, fact should be so stated above.