

FILED DEC 27 1944

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6906 Wise Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days)

3. (a) PRINT FULL NAME Henry D. Wehner

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 Widower

6. (b) Name of husband or wife Mathilda Wehner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 26th, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 10 17 hr. min.

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

10. Usual occupation Retired

11. Industry or business Cabinet Maker

MOTHER FATHER { 12. Name Herman H. Wehner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Anderson
(b) Address 6906 Wise Ave

17. (a) Burial (b) Date thereof 12/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) DEC 25 1944 (b) J. F. Brudick
(Date received local registrar) (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. 6906 Wise Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13th,
year 1944 hour 12.55 minute P M.

21. I hereby certify that I attended the deceased from 12/1/40 1940 to 12/13/44 1944;
that I last saw him alive on 12/13/44 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac dilatation 4 days
Due to Chronic myocarditis 3 yrs
Due to Chronic nephritis 4 years
Other conditions no
(Include pregnancy within 3 months of death)

Major findings: Of operations no
Of autopsy no
PHYSICIAN Dr. William T. Harsch
Underline the cause to which death should be charged statistically.

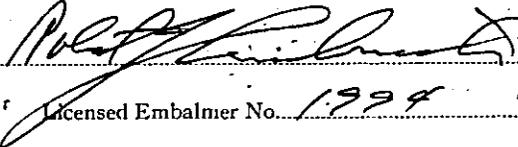
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. William T. Harsch (M. D. or other) M.D.
Address: 3500 North Grand Ave Date signed 12/14/44

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.....


.....
Licensed Embalmer No. 1994

P. O. Address.....

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.