

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 12 1946

STANDARD CERTIFICATE OF DEATH

34077

State File No. 26

Registration District No. 49-2-140

Primary Registration District No. 929-2

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Old Monroe Mo. Rural  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution -----  
(Specify whether years, months or days)

In this community -----  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln 57

(c) City or town Old Monroe Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. -----  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -----

3. (a) PRINT FULL NAME Wilhelmina Wehde

(b) If veteran, name war -----

(c) Social Security No. -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15  
year 1946 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 1 1946  
19 to Oct. 14 1946  
that I last saw her alive on Oct. 14 1946  
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife Henry Wehde Deceased

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

7. Birth date of deceased Sept. 1 1861  
(Month) (Day) (Year)

Immediate cause of death Broncho pneumonia Duration 1 day

Due to Myocarditis 5 yrs.

Due to Cerebral apoplexy 12 weeks

Other conditions (Include pregnancy within 3 months of death) -----

8. AGE: Years Months Days If less than one day

85	1	14	----- hr. ----- min.
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9. Birthplace Winfield Mo. (City, town, or county) (State or foreign country)

Major findings: Of operations 93E

Of autopsy -----

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

10. Usual occupation House work

11. Industry or business -----

MOTHER FATHER { 12. Name Dick Klee 4

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

14. Maiden name Dickmann

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

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) (a) Means of injury -----

23. Signature Nicholas J. Fallon Mo. (M. D. or other) 1  
Address O'Fallon, Mo. Date signed 10/11/46

16. (a) Informant Dick Wehde

(b) Address Old Monroe Mo.

17. (a) Burial (b) Date thereof 10-18-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Monroe Mo.

18. (a) Signature of funeral director E. K. Klee

(b) Address O'Fallon Mo.

19. (a) 10/18/46 (b) C. C. Neunist  
(Date received local Registrar) (Registrar's signature)

143 (Licensed Embalmer's Statement on Reverse Side)

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

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**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..... 822.....

P. O. Address..... O'Fallon 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.**