

No. 2
-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11676

State File No. _____
Registrar's No. **3092**

FILED APR 8 1947
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3922a Natural Bridge Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3922a Natural Bridge Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ernest Wedemeyer**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **3** day **20**
year **1947** hour **10** minutes **28** M.
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.

4. Sex **male** **5. Color or** **white** **6. (a) Single, widowed, married,** **widowed**
6. (b) Name of husband or wife **Amelia Wedemeyer** **6. (c) Age of husband or wife if** _____ years
7. Birth date of deceased **3** **9** **1867**
(Month) (Day) (Year)

Immediate cause of death
Coronary Thrombosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
80 **0** **11** hr. _____ min.

9. Birthplace **St. Louis** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Draftsman**

11. Industry or business **retired**

12. Name **Henry Wedemeyer** **9**

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

14. Maiden name **Phillippenia unknown** **9**

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

16. (a) Informant **Mr. Albert N. Wedemeyer**

(b) Address **4407 Holly Ave.**

17. (a) burial **(b) Date thereof** **3/24/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) MAR 24 1947 **(b) J. F. Bredest**
(Date received local health officer) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____
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? _____

23. Signature **Detrou** **(c) means of injury** **3**
(If, DR or other) _____
Date signed **3/24/47**

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 Warren A. Carver

Licensed Embalmer No. 3534

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.