No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36562

FILED NOV 14 1947

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 2275

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6925 Waterman 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 1 Hour
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3529 Bingham 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Hulda Wehking
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
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 Aug. (Month) 14 (Day) 1887 (Year)

8. AGE: Years 60 Months 2 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 6
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Henry Wehking
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Dora Oldenburg
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Hy. Wehking
(b) Address 5728 Tholozon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia
18. (a) Signature of funeral director Schumacher Und. Co.
(b) Address 3013 Meramec
19. (a) 11-6-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th
year 1947 hour 8 minute 35 A. M.
21. I hereby certify that I attended the deceased from Jan. 10, 1947 to Oct. 31, 1947 19
that I last saw her alive on Oct. 31, 1947 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery thrombosis
Due to hypertension
Due to XXX 94
Other conditions XXX
(Include pregnancy within 3 months of death)
Major findings:
Of operations XXX
Of autopsy XXX

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) XXX
(b) Date of occurrence XXXX
(c) Where did injury occur? XXXX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXX (Specify type of place)
While at work? XXX (e) Means of injury XXX 3
23. Signature D. F. Ritter (M. D. or other) D.C.
Address 1506 Hodiamont Date signed 11-5-47
St Louis 12 Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

DEC 20 1947
DEC 11 1947
DEC 19 1947

D.P. [illegible]
1506 Hodiamont
MU 7900
5-80.M

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 Francis Williamson

Licensed Embalmer No. 3565

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.