FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24823

FILED AUG 6 1948

Registration District No. 378

Primary Registration District No. 1003

Registrar's No. 6557

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: 2939 University St
(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 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2939 University St
(If rural, give location)

(e) Citizen of foreign country? 10 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Wehinger

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 1

5. Color or race white

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

6. (b) Name of husband or wife Frank J. Wehinger

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

7. Birth date of deceased October 12 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business none

FATHER
12. Name Stephensmeier
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna C. Wehinger
(b) Address 2939 University St

17. (a) burial (b) Date thereof Jul- 28-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director A. Kron L & U. Co.
(b) Address 2707 N. Grand Blv'd

19. (a) JUL 26 1948 (b) J. F. Bradack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1948 hour 11 minute 30 p M.

21. I hereby certify that I attended the deceased from July 12, 1946 to July 24, 1948
that I last saw her alive on July 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma.

Due to Diabetes Mellitus

Due to

Other conditions
(Include pregnancy within 3 months of death) 61

Major findings:
Of operations

Of autopsy

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) 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? no
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Isaac A. Morentzon (M. D. or other) M.D.

Address 4032a W. Florissant Ave. Date signed 7/26/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.