No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34824

FILED OCT 18 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8648

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
5232 Alabama 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 oow

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

(d) Street No. 5232 Alabama St.
(If rural, give location)

(e) Citizen of foreign country? 15 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dora C. Wehrheim

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 28 (Day) 1869 (Year)

8. AGE: Years 79 Months 8 Days 3 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Phily Neun
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Buentrup
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Bertha D. Feldmann
(b) Address 5232 Alabama

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-48 (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cem.

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.

19. (a) OCT 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1948 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Dec 3, 1943 to Oct 1, 1948
that I last saw her alive on 9-27, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1½ mos
Due to: Arteriosclerosis	several
Hypertensive Heart Disease	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work (e) Means of injury

23. Signature Karl Koenig (M. D. or other) MD

Address 3720 Washington Date signed 10-4-48

(Licensed Embalmer's Statement on Reverse Side) Karl Koenig

DR KARL KOENIG
BEAUMONT BLDG

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.