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FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28692

State File No. 7313

97049

318

1003

Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 02 | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis, Mo. | | c. LENGTH OF STAY (in this place) 3 Days | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1. | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LENA b. (Middle) Withtoeft c. (Last) | | 4. DATE OF DEATH Aug. 21st, 1949 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH Sept. 6, 1866 |
| 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. | 11. BIRTHPLACE (State or foreign country) St. Louis County, Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Casper Wehmeier | 13b. MOTHER'S MAIDEN NAME Caroline Locke | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Cook | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Thyroid</u> INTERVAL BETWEEN ONSET AND DEATH <u>yes</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) 55c | (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 194X | |
| 22. I hereby certify that I attended the deceased from <u>8/18/49</u> , 19 <u>49</u> , to <u>8/21/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8/21/49</u> , 19 <u>49</u> , and that death occurred at <u>4:10pm</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Walker M. Turner</u> | | (Degree or title) M.D. | 23b. ADDRESS 1515 Lafayette Ave., |
| 23c. DATE SIGNED 8/22/49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE August 24, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
| DATE REC'D BY LOCAL REG. AUG 22 1949 | REGISTRAR'S SIGNATURE <u>J B Rooster</u> | 25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son, Inc. 2161 E. Fair Ave | |

WRITE PLAINLY—USING UNEADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

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.