

FILED AUG-29 1950
#114075

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. 28784
7168
Registrar's No.

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis, Missouri</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
c. LENGTH OF STAY (In this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>5045 PAGE</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Will</i> b. (Middle) <i>Fred</i> c. (Last) <i>Wemhoener</i>			4. DATE OF DEATH August 21st, 1950 (Month) (Day) (Year)		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>NEVER MARRIED</i>	8. DATE OF BIRTH <i>Dec - 1885</i> AGE (In years last birthday) <i>64</i> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MISSINGER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>HAT MANUFACT</i>		11. BIRTHPLACE (State or foreign country) <i>St. Louis MO</i>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>Fred Wemhoener</i>		13b. MOTHER'S MAIDEN NAME <i>Ann Glitt</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Fred Wemhoener</i>		ADDRESS <i>5045 PAGE</i>			

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Thrombosis Left Middle Cerebral Artery.</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>DUE TO (b) Cerebral Artery.</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerosis Head & Cervical</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. SUICIDE ACCIDENT HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (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? <i>332X</i>

22. I hereby certify that I attended the deceased from *8/14/50*, 19*50*, to *8/21/50*, 19*50*, that I last saw the deceased alive on *8/21/50*, 19*50*, and that death occurred at *9:30A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph M. Kozlby M.D.</i>	(Degree or title)	23b. ADDRESS <i>1515 Lafayette Ave.,</i>	23c. DATE SIGNED <i>8/21/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>Aug. 24, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Peter's</i>	24d. LOCATION (City; town, or county) (State) <i>St. Louis Co. MO</i>

DATE REC'D BY LOCAL REG. <i>AUG 23 1950</i>	REGISTRAR'S SIGNATURE <i>J. B. Casator</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Cubben Kelly</i>	ADDRESS <i>4386 Lindell</i>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Law M. Sizemore

Signed.....
Student Embalmer

Licensed Embalmer No. *04343*

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.