

FILED JAN 26 1952

STANDARD CERTIFICATE OF DEATH

3446

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0245**

| | | | |
|---|------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2227 | |
| d. STREET ADDRESS 1852a S. 10th St. | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) H. c. (Last) Wehnert | | | 4. DATE OF DEATH (Month) (Day) (Year) 1/8/52 |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED | 8. DATE OF BIRTH July 5, 1884 |
| 9. AGE (In years last birthday) 67 | | 10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) Concrete Worker | 11. BIRTHPLACE (State or foreign country) Pennsylvania / |
| 12. CITIZENSHIP OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Ernest Wehnert | |
| 13b. MOTHER'S MAIDEN NAME Christina Uhlshaner | | 14. NAME OF HUSBAND OR WIFE Alice | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No -- | | 16. SOCIAL SECURITY NO. -- | |
| 17. INFORMANT'S SIGNATURE OR NAME Barney Wehnert-3508 Itaska Ave. | | ADDRESS | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Labor Pneumonia DUE TO (c) | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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) (COUNTY) (STATE) | | 21d. HOW DID INJURY OCCUR 490X | |
| 21e. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:51 p. m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>Joseph W. Deussen</i> (Degree or title) | | 23b. ADDRESS 1300 Clark | |
| 23c. DATE SIGNED 1/10/52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1/11/52 | |
| 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri | |
| DATE REC'D BY LOCAL REG. JAN 10 1952 | | REGISTRAR'S SIGNATURE <i>J. Earl Smith</i> 442 | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <i>Wacker-Helderle</i> | | ADDRESS 3634 Gravois Ave | |

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Frank J. Ireland

Licensed Embalmer No. *2675*

P. O. Address *St. Louis*

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.