

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18673**

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4292**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN ST. Louis	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN ST. Louis	2139
d. FULL NAME OF HOSPITAL OR INSTITUTION 3214 Jasper Park		d. STREET ADDRESS (If rural, give location) 13 3214 Jasper Park	

3. NAME OF DECEASED (Type or Print) Julia		a. (First)	b. (Middle)	c. (Last) Wehmeyer	4. DATE OF DEATH (Month) (Day) (Year) May 5, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 22, 1890	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 6 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Louis Niewald	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE William Wehmeyer	
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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. No	17. INFORMANT'S SIGNATURE OR NAME Jean Walker ADDRESS 3214 Jasper Park	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction			3 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	Chor. Myocardial failure		2 yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) (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? 5705

22. I hereby certify that I attended the deceased from **5-4**, 19**52**, to **5-5**, 19**52**, that I last saw the deceased alive on **5-5-52**, 19**52**, and that death occurred at **8:30pm.**, from the causes and on the date stated above.

23a. SIGNATURE Bert H. Klein (Degree or title) MD	23b. ADDRESS 7637 S. Kemp Highway	23c. DATE SIGNED 5-5-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE May 9, 1952	24c. NAME OF CEMETERY OR CREMATORY EMMANUEL Lutheran Cem.	24d. LOCATION (City, town, or county) (State) Rosebud, Mo.
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DATE REC'D BY LOCAL REG. MAY 8 1952	REGISTRAR'S SIGNATURE J. Carly Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros. L & U Co ADDRESS 2929
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *2929 S. Jefferson*

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.