

No. 300  
10-48

FILED SEP 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29380**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531** Registrar's No. **1901**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>University City</b>		c. LENGTH OF STAY (in this place) <b>28 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1410 Waldron Ave.</b>		c. CITY OR TOWN <b>University City</b>	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>1410 Waldron Ave.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CHRISTIAN</b>	b. (Middle) <b>FREDERICK</b>	c. (Last) <b>WEMHOENER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 7th, 1956</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov 28, 1882</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>9</b>	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired Travling Agent Texas Pacific R.R.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>C.F. Wemhoener</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Glidt</b>	14. NAME OF HUSBAND OR WIFE <b>Florence Frances Wemhoener</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>903-10-7156</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Florence Whemhoener</b>	ADDRESS <b>1410 Waldron Ave.</b>
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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* (a) <b>Acute coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>? minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerotic cardiovascular disease</b>		<b>10-20 years.</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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>4201</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **24 July, 1956**, to **7 August, 1956**, that I last saw the deceased alive on **29 July, 1956** and that death occurred at **6:00 a.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>Reynolds L. Emerson, M.D.</b>	(Degree or title) <b>C. 23b. ADDRESS 1695 BRENTWOOD BLVD. BRENTWOOD, MO.</b>	23c. DATE SIGNED <b>8.7.56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Funeral</b>	24b. DATE <b>8-10-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>8-8-56</b>	REGISTRAR'S SIGNATURE <b>Richard R. Lupton, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton and Sons</b>	ADDRESS <b>7233 Delmar Blv'd.</b>
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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.....  
Signature of Student Embalmer

Signed *Clarence H. Munn*.....

Licensed Embalmer No. *4011*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.