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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-007767
STATE FILE NUMBER
2 1079

FILED FEB 24 1959

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Inside Limits: Yes # No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Anthony,s — Length of stay in 1b: 1 Week

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Sappington 4000 — Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location): Route 6 Box 711 — Reside on Farm: Yes # No ☐

**3. NAME OF DECEASED** (Type or print): First: Charles Middle: W Last: Wehking

**4. DATE OF DEATH**: Month: Jan. Day: 28 Year: 1959

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH**: April 7 1898

**9. AGE** (In years last birthday): 60 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Carpenter Supt.

**10b. KIND OF BUSINESS OR INDUSTRY**: Carpentry

**11. BIRTHPLACE** (City and state or country): St. Lucis Mo.

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Gustav Wehking

**13b. MOTHER'S MAIDEN NAME**: Katherine Schillmeyer

**14. NAME OF HUSBAND OR WIFE**: Marie

**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**: Marie Wehking — Address: Rt. 6 Box 711 Sappington Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease c — 2 years
DUE TO (c) angina pectoris 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from June 1955, to Jan 1959 and last saw him alive on Jan 28 1959
Death occurred at 2:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** Robert W. Tichenor M.D. (Degree or title)

**22b. ADDRESS** C/O Box 6 Sappington Mo.

**22c. DATE SIGNED** 1-29-59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Removal

**23b. DATE**: Jan. 31 1959

**23c. NAME OF CEMETERY OR CREMATORY**: Sunset Burial Park

**23d. LOCATION** (City, town, or county) (State): St. Louis County Mo.

**24. FUNERAL DIRECTOR** ADDRESS: Moydell Funeral Home 1926 Allen

**25. DATE REC'D BY LOCAL REG.**: JAN 30 59

**26. REGISTRAR'S SIGNATURE**: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

## 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 George Svoboda Jr.

Licensed Embalmer No. 4899

P. O. Address 1926 Allen Ave

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.