

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023765
STATE FILE NUMBER

FILED JUL 3 1959

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1662

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) Bridgeton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chaffee Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11501 Old St. Charles Road 9 Mos.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 110 Parker Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EMMA ELIZABETH WEHLING			4. DATE OF DEATH Month Day Year June 19, 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 2, 1881	9. AGE (In years) (Specify birthday) 77	FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Anna Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Salzner	13b. MOTHER'S MAIDEN NAME Emily Hollick	14. NAME OF HUSBAND OR WIFE John J. Wehling
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs Irene Lilly, 11501 Old St. Charles Road. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute peripheral Vascular Collapse		INTERVAL BETWEEN ONSET AND DEATH min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Overwhelming toxemia		days
DUE TO (c) Generalized Carcinomatous Basal cell carcinoma		6 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1919		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Cape Girardeau Missouri	COUNTY Missouri	STATE
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21. I attended the deceased from Oct 1958 to June 19, 1959 and last saw her alive on June 14, 1959 Death occurred at 8:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) William D. McEwan Jr. M.D.	22b. ADDRESS 3301 Oakley Rd St Ann	22c. DATE SIGNED 6/20/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 22, 1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Cape Girardeau Missouri
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24. FUNERAL DIRECTOR Shepard Funeral Home, 1167 Hamilton Ave	ADDRESS	25. DATE RECD. BY LOCAL REG. 6-20-59	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.
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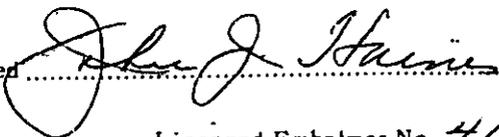
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 4108

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.