

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007012

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1889

STATE FILE NUMBER

FILED VS MAR 7 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

|  |  |   |   |   |  |   |   |                                     |  |
|--|--|---|---|---|--|---|---|-------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY                                 |  |   |   |                                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis, Mo.</u>   |  | Length of stay in 1b<br>-----   |   | c. CITY OR TOWN <u>St. Louis</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |                                     |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Louis City Hosp. No. 1</u>   |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><u>3852 Russell Avenue,</u> |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                     |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Mabel</u> Middle <u>H.</u> Last <u>Wehrle</u>  |  |   | 4. DATE OF DEATH<br>Month <u>Feb.</u> Day <u>23</u> Year <u>1961</u>      |   |  |   |   |                                     |  |
| 5. SEX<br><u>Female</u>  |  | 6. COLOR OR RACE<br><u>White</u>  |   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>Jan. 22, 1880</u>  |   | 9. AGE (last birthday)<br><u>81</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>  |   | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis, Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   |                                     |  |
| 13a. FATHER'S NAME<br><u>Frederick Kriet</u>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Catherine Menke</u>                       |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Late William Wehrle</u>   |   |                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  |   | 16. SOCIAL SECURITY NO.<br><u>None</u>                                    |   | 17. INFORMANT<br><u>Mrs. Oscar Prudot, 4462a Clarence Avenue, 15</u>         |   |   |                                     |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>METASTASES,</u><br>DUE TO (b) <u>MALIGNANT MELANOMA</u><br>DUE TO (c) <u>ADENOCARCINOMA of UTERUS</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |                                     |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>174x</u>   |  |   |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |                                     |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  | 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.)  |  |   |   |                                     |  |
| 20c. TIME OF INJURY<br>Hour<br>a.m.<br>p.m.  |  | Month, Day, Year  |   |   |  |   |   |                                     |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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  |  | COUNTY  |   | STATE                               |  |
| 21. I attended the deceased from <u>2-20-61</u> to <u>2-23-61</u> and last saw her/him alive on <u>2-23-61</u><br>Death occurred at <u>5:05 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |   |   |  |   |   |                                     |  |
| 22a. SIGNATURE<br><u>Francis J. Carey M.D.</u> (Degree or title)   |  |   | 22b. ADDRESS<br><u>1515 Lafayette Ave</u>                                 |   |  | 22c. DATE SIGNED<br><u>2-23-61</u>  |   |                                     |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |  | 23b. DATE<br><u>2-25-61</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>New St. Marcus Cemetery</u>      |   | 23d. LOCATION (City, town, or county)<br><u>St. Louis County, Missouri</u>   |   | (State)   |                                     |  |
| 24. FUNERAL DIRECTOR<br><u>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri</u>   |  |   | 25. DATE RECD. BY LOCAL REG.<br><u>FEB 24 1961</u>                        |   | 26. REGISTRAR'S SIGNATURE<br><u>Earl Smith, M.D.</u>                         |   |   |                                     |  |

MEDICAL CERTIFICATION

**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 Robert E. Muhlman

Licensed Embalmer No. 4916

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.