ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-047448

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3727

FILED JAN 9 1962

AMENDED

DATE AMENDED 1/22/62

INSTEAD OF cell Uremia

SHOULD READ Uremia due to transitional carcinoma of the bladder

ITEM NO. 18c

BY AFFIDAVIT OF attending physician

DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy — Length of stay in 1b 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Manchester — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Sulphur Springs Road — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Emil Middle Frederick Last Wemhoener

4. DATE OF DEATH Month December Day 26 Year 1961

5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-4-1887
9. AGE (last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Frederick Wemhoener
13b. MOTHER'S MAIDEN NAME Friedericka Heidman
14. NAME OF HUSBAND OR WIFE Elsa Wemhoener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO.
17. INFORMANT Miss Anna Wemhoener Address 5330 Pershing Ave.

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) Cardiac Arrest
DUE TO (b) Hyperkalemic Acidosis
DUE TO (c) Uremia - Due to Transitional cell carcinoma of the bladder
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) Pulmonary Fibrosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 12/17/61, to 12/26/61 and last saw her him alive on 12/26/61
Death occurred at 12:15 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David A. Cardwell
22b. ADDRESS 7520 Alat Bridge 21
22c. DATE SIGNED 12/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-29-61
23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery
23d. LOCATION (City, town, or county) St. Louis County (State)

24. FUNERAL DIRECTOR Alexander & Sons, ADDRESS 6175 Delmar Blvd.
25. DATE RECD. BY LOCAL REG. 12-28-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. David A. Gardner
~~[illegible]~~ 7520 Nat. Bridge (Professional Arts Bldg.)
~~[illegible]~~ Phone EV 5-0771

Will be in office from 2 to 7:30 P.M.

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 J. Allen Dowie Jr

Licensed Embalmer No. 4053

P. O. Address [illegible]

Dec 26-1961

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.