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| 1. PLACE OF DEATH a. COUNTY Dallas | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas | | b. COUNTY Collin | |
| b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas | | c. LENGTH OF STAY in 1 b. | | c. CITY OR TOWN (If outside city limits, give precinct no.) Plano | |
| d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 1100 Commerce Street | | d. STREET ADDRESS (If rural, give location) 2617 Westridge | | | |
| e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Herman (a) First | | Ralph (b) Middle | | Wehmeier (c) Last | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | |
| 8. DATE OF BIRTH 2-18-1927 | | 9. AGE (In years last birthday) 46 | | 10. IF UNDER 1 YEAR Months Days Hours Minutes | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Mgr. | | 10b. KIND OF BUSINESS OR INDUSTRY Dallas Trucking Firm | | 11. BIRTHPLACE (State or foreign country) Cincinnati Ohio | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Herman Louis Wehmeier | | 14. MOTHER'S MAIDEN NAME Edith May Herron | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 299-18-5788 | | 17. INFORMANT Mrs. Mary Sue Wehmeier, wife | |
| 18. CAUSE OF DEATH (Enter last one cause per item (a), (b), and (c).) IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease REC'D JUN 11 1973 DUE TO (b) BUREAU OF VITAL STATISTICS DUE TO (c) | | 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) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Natural Causes | | 20b. TIME OF INJURY Hour Month Day Year a.m. p.m. | | | |
| 20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) | | 20e. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I hereby certify that I attended the deceased from Inquest held on May 21, 1973 on _____ 19____ and last saw the deceased alive on _____ 19____ Death occurred at 10:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated | | 22a. SIGNATURE (Degree or title) Faye G. Smith Medical Examiner | | 22b. ADDRESS 75235 P. O. Box 35728, Dallas, Texas | |
| 22c. DATE SIGNED 5/21/73 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 5-25-73 | |
| 23c. LOCATION (City, town, or county) Cincinnati Ohio | | 23d. NAME OF CEMETERY OR CREMATORY West Hills Cemetery | | 24. FUNERAL DIRECTOR'S SIGNATURE Theodore Dickey #6697 | |
| 25a. REGISTRAR'S FILE NO. 4039 | | 25b. DATE REC'D BY LOCAL REGISTRAR MAY 22 1973 | | 25c. REGISTRAR'S SIGNATURE Maurine Ramon | |

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

4124
VS-12, REV. 1/58