

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

FILED NOV 16 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

34242

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St Louis (No. Christian Hospital) File No. ....  
Registered No. 8939 St. .... Ward)

2. FULL NAME Richard William Wegman

(a) Residence, No. Christian Hospital St. 7 Ward. ....  
(Usual place of abode) 6016 Harney (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-2-40

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
2 hrs \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

13. NAME Richard William Wegman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

15. MAIDEN NAME Annie Marie Palermo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) 6016 Harney  
Richard Wm Wegman

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY DATE 10-31-40, 19...

19. UNDERTAKER (ADDRESS) L. A. Hamilton  
City Health Dept

20. FILED OCT 30 1940 J. Brodeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from October 2, 1940, to Oct 2, 1940.  
I last saw h. l. w. alive on October 2, 1940. Death is said to have occurred on the date stated above, at 2:45 p. m.

The principal cause of death and related causes of importance were as follows:

Respiratory Failure  
of a Pre-mature  
Infant (4 1/2 months)

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19...

Where did injury occur? No (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Wilbur J. Hoke, M. D.  
(Address) 4278 Natural Bridge

