No. 2
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X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37155
9428

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

FILED DEC 17 1940

1. PLACE OF DEATH:
(a) County Jefferson Co.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4318 Manchester Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 2
In this community 59 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town ST. LOUIS 18
(If outside city or town limits write "RURAL")
(d) Street No. 4318 MANCHESTER AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? U. S. BORN years.

8. (a) PRINT FULL NAME Henry Wedde

8. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 29 (Day) 1853 (Year)

8. AGE: Years	Months	Days	If less than one day
86	10	17	hr. min.

9. Birthplace Jefferson Co. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Pattern maker 6

11. Industry or business Retired 6

MOTHER FATHER
12. Name Henry Wedde
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant John H. Wedde
(b) Address 4318 Manchester

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov. 19 1940 (Month) (Day) (Year)
(c) Place: burial or cremation CONCORDIA CEM.

18. (a) Signature of funeral director Bueriwuedens Funeral
(b) Address 1936 St. Louis Co.

19. (a) NOV 18 1940 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1940 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
a. Fracture of Left Hip	
Caused by falling when he slipped and fell while	
Due to Slipping on ice in yard of his home Sept. 20 1940	
Due to. about 2.00 pm	

Other conditions (Include pregnancy within 3 months of death) 186a

Major findings:
Of operations 18
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept 20 1940
(c) Where did injury occur? St Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? NO (Specify yes or no) (e) Means of injury Fall

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 11/18/40

(Licensed Embalmer's Statement on Reverse Side)

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 Harold Braun, Registered Apprentice No. 257, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Av

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 this body is not embalmed, above space should be left blank.