

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULLNAME William Wedel

3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-16-5999

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Caroline 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Mar. 27th, 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 10 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Laborer
Wagner Electric Co.

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Caroline Wedel

(b) Address 1409a Mallinckrodt Street

17. (a) Burial (b) Date thereof Feb. 27th, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (e) Signature of funeral director Hy. Leidner, Und. Co

(b) Address 2223 St. Louis Ave.

19. (a) FEB 26 1941 (b) J. T. Wreath
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1409a Mallinckrodt St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th, year 1941 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2/23/41, 19____, to 2/25/41, 19____;

that I last saw h. im. alive on 2/25/41, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonic - lobar *Duration*

Type 18

Due to Meningitis - Type Unproven

Due to ?

Other conditions 106
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Report

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
(e) Means of injury 0

While at work _____

23. Signature Samuel Wallace (M. D. or other) _____

Address 1515 Lafayette Date signed 2/25/41

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Homer L. Ponder

Licensed Embalmer No.....

3367

P. O. Address.....

2223 St. Louis

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, fact should be so stated above.