

FILED MAR 17 1947 91
Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County None
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1934 Palm St None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 72 Years (years, months or days)

3. (a) PRINT FULL NAME GEORGE JOHN WINGMANN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie Wingmann 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Jany 13 1870
(Month) (Day) (Year)

8. AGE: 72 Years Months Days If less than one day
72 None 24 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Clerk

11. Industry or business None

MOTHER FATHER { 12. Name George Wingmann 4
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelma C. Niessum 7
15. Birthplace Germany 7
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Jean Wingmann

(b) Address 1934a Palm Ave.

17. (a) Burial (b) Date thereof Feb 8 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Watson Rocklage

(b) Address 6536 Clayton Road

19. (a) 40-50 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 26 660
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1934 a Palm St 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1947 hour 4 PM M.
21. I hereby certify that I attended the deceased from Jan 22-1947
to Feb 6 1947 1947
that I last saw h. in alive on Feb 6 1947 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. Myocarditis
Ch. Nephritis

Due to _____
Due to _____
Other conditions none 10
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
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) _____
(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) While at work? _____ (a) Means of injury _____
23. Signature Harben Bely (M. D. or other) _____
Address 2739 Grand Ave Date signed 7/1/47

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.....

J. W. Binkley

Licensed Embalmer No.....

3653

P. O. Address.....

St. Louis Mo

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.