

FILED OCT 28 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

009
17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....

(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2643 South 59th Street.,
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME. Louis Conrad Wedel

3. (b) If veteran, name war..... None

3. (c) Social Security No. 489-09-8219

4. Sex. Male 5. Color or race. White

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

6. (b) Name of husband or wife..... Ruby Wedel

6. (c) Age of husband or wife if alive..... 59 years

7. Birth date of deceased. January 22, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>8</u>	<u>22</u> hr. min.

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

10. Usual occupation. Hospital Storekeeper

11. Industry or business. Missouri Pacific Hospital

12. Name. William Wedel

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

14. Maiden name. Mary Miller

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

16. (a) Informant. Mrs. Ruby Wedel

(b) Address. 2643 South 59th Street.,

17. (a) Burial (b) Date thereof. 10/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lake Wood Park Cemetery

18. (a) Signature of funeral director. Albert H. Hoppe Inc

(b) Address. 4700 Washington Blvd.

19. (a) OCT 15 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. October day. 14
year. 1942 hour. 7 minute. 20 A. M.

21. I hereby certify that I attended the deceased from 10-18-42
..... 19. 42 to 10-14-42 19. 42
that I last saw him alive on 10-13 19. 42
and that death occurred on the date and hour stated above.

Immediate cause of death
Brain carcinoma of cerebello-pontine angle
primary malignancy of gull bladder

Due to.....

Due to.....

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

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?
.....

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature. Heinz G. Gross (M. D. or other)
Address. Mo. Penit. Hosp. Date signed. 10-18-42

B

original

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..... *Harold G Burnley*
Licensed Embalmer No. *4212*
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.