

S. No. 2
1-9-441
7-5-17-39
SI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36040

State File No.
Registrar's No. **10059**

FILED DEC 11 1942 318
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County St. Louis Mo.
 (b) City or town St. Louis
 (c) Name of hospital or institution 8234 Church Road.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether)
 In this community..... (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME Elizabeth Wegmann
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Theodore H. Wegmann
 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased April 1 1867
 (Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 0
 If less than one day hr. min.

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

10. Usual occupation housewife
 BY LICENSED EMBALMER

11. Industry or business
 MOTHER FATHER {
 12. Name Patrick Kearney
 13. Birthplace Ireland
 14. Maiden name Eileen Fitzsimmons
 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Theo H. Wegmann
 (b) Address 8234 Church Road
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1942
 (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. H. Cullman
 (b) Address 1710 Grand Boul.
19. (a) DEC 2 1942 (Date received local registrar)
J. H. Cullman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 17 8
 (c) City or town St. Louis 9 8
 (d) Street No. 8234 Church Road
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day I
 year 1942 hour 6 minute 30 a.m.
21. I hereby certify that I attended the deceased from Oct 20
 1937, to Dec 1, 1942
 that I last saw her alive on Nov 30, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma head of pancreas.

Due to.....
 Due to.....
 Other conditions obstructive jaundice
 (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?

23. Signature W. P. Hamilton (M.D. or other)
 Address 8363 N. Halls Ferry Date signed 12-1-42

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

Fred Frick

Licensed Embalmer No. 3186

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.