

S. No. 2  
OM-5-42  
Rev. 5-17-39  
P-I X32873

12980

4209

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED MAY 14 1943  
Registration District No. **318**  
Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County.....  
(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:  
**3447 Humphrey / St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... **Life.** (Specify whether  
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. **3447 Humphrey St.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

000  
17  
9/6

3. (a) PRINT FULL NAME **CONRAD J. WIGGE**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month..... **May**..... day **4**  
year **1943**..... hour **4 00**..... **Am**..... M.

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, **Married**  
6. (b) Name of husband or wife..... **Eva Wigge** 6. (c) Age of husband or wife if  
alive..... **59**..... years  
7. Birth date of deceased..... **March 25 1884**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... **5/1/43**  
..... 19..... to..... **5/4/43**  
that I last saw h..... **mi**..... alive on..... **May 4**..... 19..... **43**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**59** **1** **9**..... hr..... min.

Immediate cause of death..... **Acute lobar Pt Pneumonia**  
Due to..... **108**..... **3 days**  
Due to.....

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

Other conditions..... **Ch. nephritis myocarditis 6 months**  
(Include pregnancy within 3 months of death)

10. Usual occupation..... **Photo Art Works.**

Major findings:  
Of operations.....  
Of autopsy.....

11. Industry or business.....  
12. Name..... **Frank Wigge**  
13. Birthplace..... **St Louis Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Anna Wefer**  
15. Birthplace..... **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Eva Wigge**  
(b) Address..... **3447 Humphrey St.**

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?

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **May 7th 1943**  
(Month) (Day) (Year)  
(c) Place: burial or cremation..... **New S.S. PETER & PAUL**

While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature..... **Ch. Swanson** (M. D. or other) **H.D.**  
Address..... **3739 Gravois ave.** Date signed..... **5/6/43**

18. (a) Signature of funeral director..... **Thorduliuson**  
(b) Address..... **2906 Gravois Ave.**  
19. (a) **MAY 6 1943** (Date received local registrar) **J. F. Budeck** (Registrar's signature)

*Dr. Simpson*  
*At my & [unclear]*

**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

*David Lee Fosson*

Licensed Embalmer No.

*4242*

P. O. Address

*2906 David*

**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:**