

FILED JUL 13 1943 318

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MISSOURI BAPTIST 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 MO. (b) County ST. LOUIS
(c) City or town BALLWIN GP
(If outside city or town limits, write "RURAL")
(d) Street No. REECE RD NR.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AUGUST WEDEKIND

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race FW 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased JANUARY 18 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 12 hr. _____ min.

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

10. Usual occupation RET PAINTER

11. Industry or business _____

12. Name LOUIS WEDEKIND

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

14. Maiden name AUGUSTA BUERMANN
(City, town, or county) (State or foreign country)

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

16. (a) Informant Elmer Mueller
(b) Address 3116 Abner Pl.

17. (a) Burial (b) Date thereof 7-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAUL'S LUTH. CEMT

18. (a) Signature of funeral director Louis H. Bapp, Inc
(b) Address Kirkwood, Mo.
19. (a) JUL 1 1943 (b) J. F. Bredet
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1943 hour 4:20 minute _____ M.

21. I hereby certify that I attended the deceased from June 29, 1943 to June 30, 1943
that I last saw him alive on June 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Duration
6-29-43

Due to hypertension

Due to _____

Other conditions _____
(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?

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

23. Signature Clorence G. Drum (M. D. or other)
Address 1927 Union Date signed 7-1-43

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

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17
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JUL 1 1943

Separate Cert. to be filed.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.