. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42539

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2823

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6734 Schofield Pl. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 6734 Schofield Pl.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Albert E. Wegner.

3. (b) If veteran, name war No

3. (c) Social Security No. 500-18-3638

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Josephine Wegner

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased April 27, 1886.
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation Foreman

11. Industry or business Bright-Free Laundry Co.

MOTHER FATHER

12. Name Henry Wegner

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

14. Maiden name Don't Know

15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Wegner /

(b) Address 6734 Schofield Pl.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 17/45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) 12-17-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1945 hour 9.15 minute A.M. M.

21. I hereby certify that I attended the deceased from Nov. 1945 to 12-14 1945 that I last saw him alive on 12-9-45 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	1 mo.
Due to: 939	
Due to:	
Other conditions: Rheumatism (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? (e) Means of injury

23. Signature H. L. Brauser (M. D. ~~or other~~)

Address 4266 Manchester Date signed 12-14-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. HarryL.Bremer,
4266A Manchester Ave.,
JE. 3131.
7--8 P.M.

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 Alfred F. Bedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.