

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED FEB 7 1946
Registration District No. **318**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months Memorial
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Andrew Webingen
3. (b) If veteran, name war None
3. (c) Social Security No. _____

4. Sex MALE Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Mary Webingen 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased November 7, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>2</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Stock Clerk

11. Industry or business _____

12. Name Andrew Webingen

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

14. Maiden name Frances Warragau

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

16. (a) Informant Mrs. Mary Webingen

(b) Address 1558 Ogden Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-1946
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew Cemetery

18. (a) Signature of funeral director Leo J. Plitsch, Inc.

(b) Address 5966-68 Easton Avenue

19. (a) JAN 29 1946 (Date received local registrar) (b) J. F. Bredsch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston (20)
(If outside city or town limits, write "RURAL")
(d) Street No. 1558 Ogden Avenue (If rural, give location) NR 17
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1946 hour 8 minute 15A M.
21. I hereby certify that I attended the deceased from 12-26-45
to 1-27, 1946
that I last saw her alive on Jan 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tbc
far advanced
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 13
Of operations _____
Of autopsy _____

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 Jackson (Specify type of place) St. Louis (e) Means of injury OMO
St. Laforette (M. D. or other) 1/28/46
Address _____ Date signed _____

Duration

7 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

E. B. Jackson 1-27-46

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

MOTHER FATHER

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

Clement M. G. Gandy

Licensed Embalmer No.

3732

P. O. Address

St. Louis

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.