No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12032

Registration District No. 363 — Primary Registration District No. 6236 — Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Warren County, Mo
(b) City or town: Marthasville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ev. Emmanuel Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Warren 109
(c) City or town: Marthasville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: EDWARD F. WEGENER
3. (b) If veteran, name war: None
3. (c) Social Security No. None
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 5 (Day) 1920 (Year)
8. AGE: Years 25 Months 10 Days 23 If less than one day hr. min.
9. Birthplace: (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: none
11. Industry or business:
MOTHER FATHER
12. Name: Edward Wegener
13. Birthplace: (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name: Magdalene Weingel
15. Birthplace: (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant: John G. Burbel
(b) Address: Marthasville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Unknown (Month) (Day) (Year)
(c) Place: burial or cremation: Chicago, Ill.
18. (a) Signature of funeral director: Fred Christenberry
(b) Address: Marthasville Mo.
19. (a) 3/1/46 (Date received local registrar) (b) M. C. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1946 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan 1, 1945, to Feb 28, 1946 that I last saw him alive on Feb 28, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute myocarditis	1 yr
Due to	
Due to Deformed fr. Arthritis & Feeble minded	
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:
(c) 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: G. C. Johnson (M. D. or other) M.D.
Address: Marthasville Mo Date signed 3/1/46

534 (Licensed Embalmer's Statement on Reverse Side)

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 W. Lichtenberg

Licensed Embalmer No. 1321

P. O. Address Martinsville Ill

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.

S. No. 2B
FM—3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 363 Primary Registration District No. 6236 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Marthasville (Rural) Mo

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

(c) Name of hospital or institution:

(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 (b) County

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edward F. Wegener

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 5 1846 (Month) (Day) (Year)

8. AGE: Years 25 Months 10 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or Business

MOTHER FATHER

12. Name

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

MOTHER

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 3/22/46 (Date received local registrar) (b) J C Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 22 year 1846 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

12032