o. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3226

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 680

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3915 Vest Avenue (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 67 years

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. 3915 Vest Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY WEGESCHEIDE
3. (b) If veteran, name war None
3. (c) Social Security No. 498-03-2868
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased March (Month) 19 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
67	10	3	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Seamstress
11. Industry or business
FATHER
12. Name Stephen Wegescheide
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Mary Timmermeir
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Miss Elizabeth Wegescheide
(b) Address 3915 Vest Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director
(b) Address 2117 East Grand Blvd.
19. (a) JAN 23 1948 (Date received local registrar) (b) J. F. Bradach (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 22 year 1948 hour 11 minute 50 A.M.
21. I hereby certify that I attended the deceased from Feb. 7 1947 to Jan 22 1948 that I last saw her alive on Jan 22 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic carcinoma	1 year
Due to carcinoma of mammary gland (mammary)	3 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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
Signature (M. D. or other) M.D.
Address 3202 Lucas Ave. Date signed 1/24/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. Gundlach
2202 University St.
Ce 3995

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.