

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21451  
State File No. 5541  
Registrar's No. \_\_\_\_\_

FILED JUN 28 1948  
#07154  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 64 Yrs. 1 Mon. 10 Days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mad  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17  
(d) Street No. 931 Park Ave. (If rural, give location) 9  
Memorial 23  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

(MARY WEDIG)

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Frank Wedig.

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

7. Birth date of deceased 5 7 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 1 10 hr. min.

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

10. Usual occupation Housewife.

11. Industry or business \_\_\_\_\_

12. Name John Lederle. 4

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

14. Maiden name Lena Hains

15. Birthplace unknown Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Hains

(b) Address 931 Park Ave.

17. (a) Burial (b) Date thereof 6 21 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis, Ave.

19. (a) JUN 19 1948 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th  
year 1948 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 17th, 1948, 19\_\_\_\_, to June 17th, 1948  
that I last saw her alive on June 17th, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac failure

Due to Abnormal heart disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 95

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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) Mean of injury AD

23. Signature 1515 Lafayette 6/18/48 (City or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING INK

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**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.....

*John S. Dennehy*

Licensed Embalmer No..... *4194*

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.**