. No. 300
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P I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 24 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 31523

Registrar's No. 8172

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

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: Mo. Pac Hosp.
(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

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

(d) Street No. 4606 Newport Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Ludwig Wegner

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased April (Month) 27 (Day) 1863 (Year)

8. AGE: Years 85 Months 4 Days 19 If less than one day hr. min.

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

10. Usual occupation Machinist (Retired 11 Yrs.

11. Industry or business Terminal R.R.

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Ursula Wegner

(b) Address 4606 Newport Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 S. Kingshighway Bl.

19. (a) SEP 18 1948 (Date received local registrar) J. F. Mueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16 year 1948 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from Sept. 11, 1948, to Sept. 16, 1948; that I last saw him alive on Sept. 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decompensation	1 week
Due to Arteriosclerotic Heart Disease	Years
Due to	
Other conditions (Include pregnancy within 3 months of death) Uremia	3 Days

Major findings:
Of operations

Of autopsy Arteriosclerosis Old Coronary Thrombosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NOT

(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 Thomas J. Fitzpatrick, M.D. (M. D.)

Address Missouri Pacific Hosp. Date signed 9/16/48

(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 Edwin M McDermott

Licensed Embalmer No. 3024

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.