FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 44068

Registration District No. 318 Primary Registration District No. 1003 Registrar's 11218

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hospital — Length of stay in 1b 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN ~~St. Louis~~ 4820 — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) 5522 Heege Road — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) aka Marie -- Marie J. -- Marie Josephine Wedberg
Anna Marie Wedberg

4. DATE OF DEATH Month Dec Day 6 Year 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 18, 1913
9. AGE (In years last birthday) 43 — IF UNDER 1 YEAR Months 1 Days 18 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own
11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ferdinand Bornholdt
14. MOTHER'S MAIDEN NAME Sophie Sondag

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 488-03-2496
17. INFORMANT Mr. Lester Wedberg — Address 5522 Heege Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 96 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease — 8 mos
DUE TO (c) 443x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Rheumatic Heart Disease
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1947, to Dec 6 56 and last saw her/him alive on Dec 6, 56
Death occurred at 5 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ray [illegible] MD (Degree or title)
22b. ADDRESS 5207 Chippewa
22c. DATE SIGNED 12-7-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12/10/56
23c. NAME OF CEMETERY OR CREMATORY New St. Marcus
23d. LOCATION (City, town, or county) (State) St. Louis County Missouri

24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary — ADDRESS 6464 Chippewa St. Louis Mo
25. DATE RECD. BY LOCAL REG. DEC 7 1956
26. REGISTRAR'S SIGNATURE J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only [illegible] diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Dr Raymond L. Martin
5203 Chippewa
Fl 2 6017

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Linus C. Hoffmeist

Licensed Embalmer No. 38

P. O. Address 7814 S Br

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.