

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023863
STATE FILE NUMBER
6147

FILED JUN 27 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 3933-NEBRASKA-AV		Length of stay in 1b LIFE 3249	d. STREET (If outside, give location) ADDRESS 3933-NEBRASKA-AV		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM-JOHN- WEGESCHIDE			4. DATE OF DEATH Month Day Year JUNE-14TH 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 21ST 1877	9. AGE (In years last birthday) 80 YRS.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <RETIRED> CHECKER		10b. KIND OF BUSINESS OR INDUSTRY SCRUGGS-VANDERVOORT	11. BIRTHPLACE (City and state or country) ST. LOUIS - MO. 0	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JOHN-WEGESCHIDE		13b. MOTHER'S MAIDEN NAME ANNA-TIMMER	14. NAME OF HUSBAND OR WIFE CATHERINE-WEGESCHIDE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. 494-03-8386	17. INFORMANT Address MARIE-WEGESCHIDE-3933-NEBRASKA-AV		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure DUE TO (b) Hypertensive Cardiac Renal Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x					INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 1 yr.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ Aug 1980 _____ to _____ June 88 _____ and last saw her alive on _____ 14th June 88 _____ Death occurred at _____ 6:30 P. M. of the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Theresa Susanna M.D.		(Degree or title) 0	22b. ADDRESS 4208 Wagoner		22c. DATE SIGNED 16 June 88
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE-18-1958	23c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
24. FUNERAL DIRECTOR Brockland Und. Co.		ADDRESS 1827-HOGAN-ST.	25. DATE REGD. BY LOCAL REG. JUN 16 58	26. REGISTRAR'S SIGNATURE Carl Smith MO	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Elmer R. Gardner*

Licensed Embalmer No. *4077*

P. O. Address *St. Louis*

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

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

44-3-4973