

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *ST. LOUIS, MO* Length of stay in 1b  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *D.O.A. CITY HOSPITAL* Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE *MO.* b. COUNTY  
 c. CITY OR TOWN *ST. LOUIS* Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) *3892<sup>nd</sup> CONNECTICUT* Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
*ANDREW H WEGENER*

4. DATE OF DEATH Month Day Year  
*JAN 29 1961*

5. SEX *MALE* 6. COLOR OR RACE *WHITE* 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH *DEC 1, 1935* 9. AGE (last birthday) *25* IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *BRICKLAYER* 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) *MISSOURI* 12. CITIZEN OF WHAT COUNTRY *U-S-A*

13a. FATHER'S NAME *ANDREW WEGNER* 13b. MOTHER'S MAIDEN NAME *MARIE ROTTER* 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *NO* 16. SOCIAL SECURITY NO. 17. INFORMANT Address *MARIE WEGENER 3892<sup>nd</sup> CONNECTICUT*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) *gunshot wound of chest, suffered when shot with gun on hands of party or parties unknown in the rear of 3892 Connecticut about 12:30 a.m. on Jan. 29, 1961, homicide*  
 DUE TO (b) *981x*  
 DUE TO (c)  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) *See above*

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year  
*12 p.m. 1-29-61*

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.) *rear of home* 20f. CITY, TOWN, OR LOCATION *St Louis, Mo* COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ *124<sup>th</sup> A* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Date or title) *Paul J. Simon Deputy Coroner* 22b. ADDRESS *1300 Clark* 22c. DATE SIGNED *1/30/61*

23a. BURIAL, CREMATION, REMOVAL (Specify) *BURIAL* 23b. DATE *FEB 1, 1961* 23c. NAME OF CEMETERY OR CREMATORY *ST. PETER + PAUL* 23d. LOCATION (City, town, or county) *ST. LOUIS MO.*

24. FUNERAL DIRECTOR *Thomas Kuttie 2906 Gravois* ADDRESS 25. DATE RECD. BY LOCAL REG. *JAN 30 1961* 26. REGISTRAR'S SIGNATURE *Paul Smith M.D.*

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 Samuel C. White

Licensed Embalmer No. 43477

P. O. Address 2906 Dawn

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.