

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

39666

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 11005  
City St. Louis (No. City, 1 Hospital)

File No.....  
Registered No. 11881  
St. .... Ward)

**2. FULL NAME**

Leo Carl Wegeli  
(a) Residence, No. 47 + Choutauque St. Ward 22  
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds., How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 4 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. small Carpenter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) mo.

FATHER 13. NAME John Wegeli

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) mo.

MOTHER 15. MAIDEN NAME Elizabeth Frank

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) mo.

17. INFORMANT (ADDRESS) Hospital Information Dept. City of St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 11-28 1931

19. UNDERTAKER Wm. Schumacker (ADDRESS) 3013 Meramec St.

20. FILED 27 1931 Very E. Stank Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13th, 1931, to Nov. 27th, 1931. I last saw him alive on Nov. 27th, 1931. Death is said to have occurred on the date stated above, at 6:20 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma involving mandible neck trachea and esophagus (Primary rest unknown Squamous cell)  
Other contributory causes of importance: None  
Date of onset

Name of operation..... Date of.....  
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) W. Scherman, M. D.  
(Address) City Hospital

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