

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

Do not use this space.

13902

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1160
10 Township Central Primary Registration District No. 4470
5 City University City (No. 1124, Watts Ave.) St. _____ Ward _____

File No. _____
Registered No. 45
St. _____ Ward _____

2. FULL NAME Mary E. Wegener

(a) Residence, No. 1124 Watts Ave. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 6 25

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooklyn New York
13. NAME John Gansel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Christina Niensch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Otto Wegener
(ADDRESS) 1124 Watts Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE April 26, 1932

19. UNDERTAKER Geo. L. Pleitash Inc.
(ADDRESS) 5946 Easton Ave.

20. FILED Apr. 25 1932 Lena V. Moeller
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1932, to April 23, 1932
I last saw her alive on April 23, 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 4/14/32
1074 59
Other contributory causes of importance: Uteritis 20 yrs

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Lee J. Rullman, M. D.
(Address) 8105 Long Blvd.

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

MAY 28 1932

811-01

Res. in 1910

911, 1021