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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 11997

Township — Primary Registration District No. 1001 — Registered No. 476

City St Joseph (No. 914 south 23 street St. Ward)

2. FULL NAME Simon T Wegenek

(a) Residence, No. 914 south 23 street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 27, 1851

7. AGE: YEARS 82 — MONTHS 6 — DAYS 24 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Hose Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.P.R.R.

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation 35Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Posen Poland

FATHER

13. NAME Martin Wegenek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Posen Poland

MOTHER

15. MAIDEN NAME Mary Rozga

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Posen Poland

17. INFORMANT (ADDRESS) Mrs Pearl Wegenek 914 south 23 street St Joseph Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery
PLACE St Joseph Mo. DATE April 24, 1934

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden St Joseph Mo.

20. FILED APR 2 3 1934 John R. Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/21, 1934 to 4/21, 1934

I last saw him alive on 4/21, 1934. Death is said to have occurred on the date stated above, at 9:55P m.

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

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Sex | |

Other contributory causes of importance:

Senility

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? ✓ 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) Emmett F. Cook, M. D.

(Address) Phys & Surgn Bldg