

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

Do not use this space.

12271

1. PLACE OF DEATH

County St. Louis
Township _____
City Maffewood Mo (No. 7485 HAZEL)

Registration District No. 786
Primary Registration District No. 4469

File No. _____
Registered No. 2.2
St. _____ Ward _____

2. FULL NAME EMMA D. WEGMAN

(a) Residence, No. 7485 HAZEL St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1874

7. AGE YEARS MONTHS DAYS 61 7 24 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, mawyer, bookkeeper, etc. HOUSEWORK

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) (STATE OR COUNTRY) ST. LOUIS MO

13. NAME HENRY WEIDNER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS EMMA WISS (ADDRESS) 7485 HAZEL

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE Tues. May 24 1936

19. UNDERTAKER Jay B. Smith (ADDRESS) 7485 Hazel

20. FILED April 10 1936 Faithline Breitenstein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SAT. MAR 21 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13 1935, to Mar. 21 1936.

I last saw her alive on Mar. 18 1936. Death is said to have occurred on the date stated above, at 7:00 P.M.

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

Cardio-nephritis Date of onset 8 mo.

Other contributory causes of importance: Cardio-decompensation Acute nephritis 3-3-36

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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) A. D. Lewis M. D. (Address) 517 Metropolitan Bldg

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.

