

JAN 12 1940

Registration District No. **201**

Primary Registration District No. _____

Registrar's No. **11148**

1. PLACE OF DEATH: **1003**
 (a) County **2**
 (b) City or town **St. Louis Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2752 Russell Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
Life/ (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: **1**
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis.** **23**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2752 Russell Ave.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Andrew H. Wegener.** **256**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Marie Wegener** 6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **Nov 30 1892**
 (Month) (Day) (Year)

8. AGE: Years **47** Months _____ Days **28** If less than one day hr. _____ min. _____

9. Birthplace **St. Louis Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Brick Contractor**

11. Industry or business _____

12. Name **John Wegener**

13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

14. Maiden name **Katherine Festerer**
 (City, town, or county) (State or foreign country)

15. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Marie Wegener**

(b) Address **2752 Russell Ave.**

17. (a) **Burial** (b) Date thereof **Jan 2nd/40**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **S.S. Peter & Paul**

18. (a) Signature of funeral director **Shoradutis**

(b) Address **2906 Gravois Ave.**

19. (a) **DEC 28 1939** (b) **J. J. Braddock**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **28**
 year **1939** hour **6 45** AM. minute _____ M.

21. I hereby certify that I attended the deceased from **Apr**
 _____, 19**39**, to **Dec 28**, 19**39**
 that I last saw him alive on **12-28-39**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Cancer of stomach with metastasis, generalized.**
 Due to **ascites.**

Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy **Generalized carcinoma.**

Duration

6 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury **1**

23. Signature **J. J. Michael** (M. D. or other) **M.D.**

Address **506 Olive** Date signed **1/29/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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.....

Thornton

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Thornton

Licensed Embalmer No. *1619*

P. O. Address *2906 Grand A*

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 this body is not embalmed, above space should be left blank.