

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1452 a Wright St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **20 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Cornelia Heath Wigge**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Late Casper Wigge** 6. (c) Age of husband or wife if alive **4th. 1872** years  
7. Birth date of deceased **October** (Month) **4th.** (Day) **1872** (Year)

8. AGE: Years **67** Months **5** Days **22** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Grafton, Ill.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **William Miller**

18. Birthplace **Ill.** (City, town, or county) (State or foreign country)

14. Maiden name **Synthia Pierce** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Robert Vanausdale**

(b) Address **1452 Wright St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-29-40** (Month) (Day) (Year)

(c) Place: burial or cremation **Grafton, Ill**

18. (a) Signature of funeral director **Hyde Leiders Vilco**

(b) Address **1417 N. Market St.**

19. (a) **MAR 28 1940** (Date received local registrar) (b) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1452a Wright St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **26.** year **1940** hour **9** minute **-P.** M.

21. I hereby certify that I attended the deceased from **March 25**, 19**40**, to **Mar 26**, 19**40** that I last saw her alive on **Mar. 26**, 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Haemorage, 1 da**  
Due to **Arterial Hypertension**

Due to **Arterial Sclerosis.**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature **J. D. Peeler** (M. D. or other) \_\_\_\_\_

Address **2505 No. Florissant** Date signed **3/27/40**

**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.....

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

working under my personal supervision.

Signed

*John P. Bushby*

Licensed Embalmer No. *1874*

P. O. Address *7773 Scripps Rd*

**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.**