

FILED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

66  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town ST. LOUIS MO.

(c) Name of hospital or institution: 2224 MADISON STR  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community LIFE years, months or days)

3. (a) PRINT FULL NAME MARGARET WIGGE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FERDINAND WIGGE

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased: FEB. 14<sup>TH</sup> 1858  
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

12. Name HENRY BOESKEN

13. Birthplace HOLLAND

14. Maiden name MARY A. RAMPF MARR

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

16. (a) Informant J. Wigge

(b) Address 2224 Madison St.

17. (a) BURIAL (b) Date thereof SEP. 11 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brookland Und Co

(b) Address 1827 HOGAN STR

19. (a) SEP 9 1941 (b) J. Bredich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 2224 MADISON STR S  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 8<sup>TH</sup>  
year 1941 hour 3<sup>50</sup> minute A. M.

21. I hereby certify that I attended the deceased from June 10, 1941  
to SEP 8, 1941

that I last saw her alive on SEP 8, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Regurgitation  
Acute Myocarditis

Due to \_\_\_\_\_

Due to Acute Sclerosis

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

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

Of autopsy g. 10

Duration

2 yrs  
4 mos

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? \_\_\_\_\_

23. Signature J. Wigge (M. D. or other) \_\_\_\_\_  
Address 1875 Madison Date signed 9/9/41

**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 Walter H. Kappeler

Licensed Embalmer No. 1861

P. O. Address.....

**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, fact should be so stated above.**