

FILED MAR 3 1942

660659

Registration District No.

5878 5876

Registrar's No.

2

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

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Prague, Harmones top  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Perryville, Mo. Star Route  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Edwin Bernard Wingenter  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Angela Wilbeameyer 6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased August 29, 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 4 12 hr. min.

9. Birthplace Perry County, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name Theodore Wingenter  
13. Birthplace Perry County, Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Theresa Pingel  
15. Birthplace Perry County, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Super Wingenter  
(b) Address Chester, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1942  
(Month) (Day) (Year)

(c) Place: burial Bible Catholi Com.

18. (a) Signature of funeral director Bey Funeral Home  
(b) Address Perryville, Mo.

19. (a) 1-15-42 (Date received local registrar) (b) O. J. Greuse (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Star Route  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11  
year 1942 hour 4 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death suicide

Due to Gun shot

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

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

Major findings: 164e  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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) Suicide

(b) Date of occurrence Jan 11, 1942

(c) Where did injury occur? Farm Home Perry Co  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in home on farm  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature O. J. Greuse (M. D. or other) \_\_\_\_\_  
Address Perryville Mo Date signed 1/15/42

RECEIVED

District Health Officer No. 4

District File Number 242 - 707 291

Date Filed 2-14-46

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 Le Roy J. Shindler

Licensed Embalmer No. 4175

P. O. Address Perryville, Mo.

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.