

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

Do not use this space.

25901

FILED AUG 7 1943

1. PLACE OF DEATH

County St. Charles Registration District No. 305
Township Quire Primary Registration District No. 647
City O'Fallon R-3 (No. 1) St. 3 Ward 1

2. FULL NAME

JOHN J. WINGBERG
(a) Residence, No. O'FALLON St. R 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. 6 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27 - 1941

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— 6 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) O'Fallon R-3 Mo.

13. NAME Jack Wingerling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Paul Mo.

15. MAIDEN NAME Isabelle Gullner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Paul Mo.

17. INFORMANT (ADDRESS) Jack Wingerling O'Fallon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul Mo. DATE 6/30 1943

19. UNDERTAKER (ADDRESS) Earl Withly O'Fallon Mo.

20. FILED 7/14/43 Gertrude S. Forstner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1943

22. I HEREBY CERTIFY, that I attended deceased from June 1, 1943 to June 28, 1943
I last saw him alive on June 28, 1943 Death is said to have occurred on the date stated above, at — m.

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

Streptococci Peritonitis Date of onset 6/26/43

Other contributory causes of importance: 129

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? yes

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? 0
If so, specify —

(Signed) Nicholas J. Honich, M. D.
(Address) O'Fallon, Mo.

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.

