

FILED OCT 15 1943

Registration District No. 109

Primary Registration District No. 4258

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Edina Mo.

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(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 Life (Specify whether)

3. (a) PRINT FULL NAME William Wingen

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Teresa

(c) Age of husband or wife if alive 51 years

7. Birth date of deceased 11 29 - 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53 11 4 hr. min.

9. Birthplace Edina Frank Co O  
(City, town, or county) (State or foreign country)

10. Usual occupation merch

11. Industry or business merch

12. Name William Wingen

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

14. Maiden name Anna Satory

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

16. (a) Informant Mrs Teresa Wingen

(b) Address Edina Mo.

17. (a) Edina Mo. (b) Date thereof 9-7-43  
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Catholic Cemetery

18. (a) Signature of funeral director F. J. ... Co.

(b) Address Edina Mo.

19. (a) Sept 7-43 (b) Wills Northcutt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin

(c) City or town Edina 0 3 2  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4<sup>th</sup>  
year 1943 hour 4:15 minute A M.

21. I hereby certify that I attended the deceased from 8-21, 1943, to 9-4, 1943;  
that I last saw him alive on 9-2, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Duration 14 days

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

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

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)

(a) Means of injury \_\_\_\_\_

Signature Friedrich Schmidt OMMO.  
Address Edina Date signed 9-6-43  
(M. D. or other)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File No. 10-43-217

Date Filed OCT 14 1943

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.....

Licensed Embalmer No. 2455

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.