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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9246**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **3615a Gravois Ave.**
(d) Length of stay: In hospital or institution _____
In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **3615a Gravois Ave.**
(e) Citizen of foreign country? **--** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lawrence A. Wedig**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **488-05-070**

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

6. (b) Name of husband or wife **Alvina E. Wedig** 6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **June 21, 1906**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
37	3	25	hr. _____ min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Bundle Rapper**

11. Industry or business **Rock-Morris Company**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Alvina E. Wedig**

(b) Address **3615a Gravois Avenue**

17. (a) **Burial** (b) Date thereof **10 21 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cem.**

18. (a) Signature of funeral director **J. F. Brudack**
(b) Address **3634 Gravois Avenue**

19. (a) **OCT 20 1943** (Date received local registrar) **J. F. Brudack** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **16**
year **1943** hour **4** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Oct 4** to **Oct 16** 19**43**
that I last saw him alive on **Oct 5** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocarditis with acute dilatation**

Due to **3 3 0**
Due to _____

Other conditions **Acute leprosy**
(include pregnancy within 3 months of death) **3 months**

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **210**
(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 _____

23. Signature **J. F. Brudack** (M. D. or other) _____
Address **4901 E. Eastern Ave (13)** Date signed **10/16/43**

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Frank J. Gland

Licensed Embalmer No. *2645*

P. O. Address *La Laitona*

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.