S. No. 2
0M—2-43
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 1 1945

Registration District No. 318

Primary Registration District No. 1003

State File No. 26256

Registrar's No. 7428

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days. (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland Avenue. 13
(If outside city or town limits, write "RURAL")

(d) Street No. 8734 Windom Avenue. 1 NR
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Adolph Wegener.

3. (b) If veteran, name war None

3. (c) Social Security No. 492-03-0596

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Hilda Wegener.

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased November 16, 1884. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	9	7	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Foreman Wagner Electric

11. Industry or business

FATHER
12. Name Dietrich Wegener.
13. Birthplace ? (City, town, or county) Germany. 4 (State or foreign country)

MOTHER
14. Maiden name Mary Ganze.
15. Birthplace (City, town, or county) New York. 1 (State or foreign country)

16. (a) Informant Mrs. Hilda Wegener.
(b) Address 8734 Windom. Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-1945. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) AUG 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd. year 1945 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from July, 1945, to Aug, 1945; that I last saw him alive on 23 August, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 da.

Due to: Cardio-renal syndrome — Several months

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury —

23. Signature Paul R. Whitener (M. D. or other) M.D.

Address 8923 Midland St Louis (14) Mo Date signed 24-Aug-45

(Licensed Embalmer's Statement on Reverse Side)

Dr Paul Whitner.
Brown & Midland Road.
Hours 1 to 3 P.M.
Telephone Windfield 1248

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St Louis

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.