V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26275

FILED AUG 24 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7230

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2224 MADISON STR.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 500 17 20
(c) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL")
(d) Street No. 2224 MADISON STR.
(If rural, give location)
(e) Citizen of foreign country? NO 0 (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME FERDINAND WIGGE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARGARET WIGGE

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

7. Birth date of deceased SEPT (Month) 11TH (Day) 1857 (Year)

8. AGE: Years 87 Months 11 Days 5. If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business LUMBER INSPECTOR

FATHER
12. Name THEODORE WIGGE
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CATHERINE BECK
15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant Aloys J. Wigge
(b) Address 2224 Madison St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 20 = 45 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brockland Und. Co
(b) Address 1827 HOGAN STR.

19. (a) AUG 18 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 16TH year 1945. hour 530 minute P. M.

21. I hereby certify that I attended the deceased from June 10/45 to Aug 16/45, 19 ..., 19 ..., that I last saw h. alive on Aug 16/45, 19 ..., and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis
Mitral Regurgitation
Due to
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)

Duration 4 hr 3 mo

Major findings:
Of operations
Of autopsy

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 (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 R. J. W. Wilkinson

Licensed Embalmer No. 3575

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.