

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Caroline Wegescheide

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Bernard 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct. 21 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>3</u>	<u>12</u>	hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Frank Jost

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Acker

15. Birthplace St. Louis Mo. 10
(City, town, or county) (State or foreign country)

16. (a) Informant John Wegescheide

(b) Address P. O. Box 8 Berkley, Mo.

17. (a) Burial (b) Date thereof 2 6 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) FEB 4 1947 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County W. R.
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 837 Abston
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd
year 1947 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from J. M. [Signature]
J. F. [Signature] 1947 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
Due to as above
Duration 1947

Other conditions eccentric - pneumonia
(Include pregnancy within 3 months of death)

Major findings: as above
Of operations as above
Of autopsy as above

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) from
(b) Date of occurrence from
(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)
(c) Means of injury.....

23. Signature J. F. [Signature] (M. D. or other) J. F. [Signature]
Address 3606 [Address] Date signed 2-4-47

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

