

FILED AUG 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25167

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 127

1. PLACE OF DEATH:

(a) County ST. CHARLES
(b) City or town ST. CHARLES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MARTHA WEGENER

3. (b) If veteran, name war _____ 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 F. J. WEGENER 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased OCTOBER 30, 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 8 If less than one day hr. _____ min. _____

9. Birthplace WARREN COUNTY MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY POTTHAST
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name ROEPELMEYER
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant IRVIN WEGENER

(b) Address 410 CHAY, St. Charles, Mo.

17. (a) Burial (b) Date thereof 7-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F. W. Kibbing & Co.
(b) Address Warrenton, Mo.

19. (a) 7/28/47 (b) Harriet Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WARREN / 107
(c) City or town RURAL / Y.S. / 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 8
year 1947 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1947 to July 8, 1947
that I last saw her alive on July 8, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Apoplexy (see) Duration _____

Due to GENERALIZED VASCULAR ARTERIOSCLEROSIS & HYPERTENSION

Other conditions PERNICIOUS ANEMIA
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy GA
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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature George R. Sackin (M. D. or other) _____
Address St. Charles Hotel Bldg. Date signed 7/8/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-5-47

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 *John Thieburg*
Licensed Embalmer No. *3897*
P. O. Address *Warrenton, Mo.*

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.