. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18173
Registrar's No. 4515

1. PLACE OF DEATH:
(a) County ~~St. Louis, Missouri~~
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3654 Fillmore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3654 Fillmore 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Ella Wueger
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 Widowed
6. (b) Name of husband or wife Frank Wueger
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October 29, 1887 (Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Minnesota (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business .....
FATHER
12. Name Unk Manke
13. Birthplace Unk (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Margaret Hagensieker
(b) Address 3654 Fillmore
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,
19. (a) MAY 14 1948 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1948 hour 12:30 minute P. M.
21. I hereby certify that I attended the deceased from January 1945, to May 12, 1948; that I last saw her alive on May 5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Rt breast c̄ bone metastasis
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) 50
Major findings: Of operations Cancer of Rt Breast
Of autopsy .....

Duration

PHYSICIAN
Underline the cause of 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 R Berry MD (M. D. or other)
Address 2253 Kibsonka Date signed 5-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr.

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 L. Dennehy

Licensed Embalmer No. 4194

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.