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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 9 1948

Registration District No. 362

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4531

State File No. 39169

Registrar's No. 58

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

1. PLACE OF DEATH:
(a) County: Warren
(b) City or town: Warrenton, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Warren 109
(c) City or town: Warrenton (If outside city or town limits, write "RURAL") /
(d) Street No.: 5 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mary C. Wegener
3. (b) If veteran, name war:
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, divorced: widowed
6. (b) Name of husband or wife: Charles Wegener
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September 12, 1866 (Month) (Day) (Year)
8. AGE: Years 82 Months 2 Days 20 If less than one day hr. min.
9. Birthplace: Warren County, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: At home
11. Industry or business:
FATHER
12. Name: H. A. Schoppenhorst 0
13. Birthplace: Warren County Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Frederika Huenefeld 0
15. Birthplace: Warren County Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Martha Schwartz
(b) Address: Warrenton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 5, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Holstein, Mo.
18. (a) Signature of funeral director: F. W. Niehaus & Co.
(b) Address: Warrenton, Mo.
19. (a) 12/4/48 (Date received local registrar) (b) Mrs Vernelle Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1948 hour 4:00 minute P. M.
21. I hereby certify that I attended the deceased from 6-1- 1942 to 12-2- 1948 that I last saw h. or alive on 12-2- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis — Duration
Due to: Chr. Cardio-Vascular-renal Disease
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: B/O
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: 0

23. Signature: F. Walter Eggmann (M.D. or other) MD
Address: Warrenton, Mo Date signed 12.4.48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File No. DEC 8 1948
Date Filed

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 J. Cieburg

Licensed Embalmer No. 3897

P. O. Address Jr 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.