

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

355P Me 15478
State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1107

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Pine Crest Home #2</u> b. CITY OR TOWN <u>Manchester Mo.</u> c. LENGTH OF STAY (in this place) <u>27 DAYS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WASH.</u> c. CITY OR TOWN <u>St. Louis Mo. 7/199</u> d. STREET ADDRESS (If rural, give location) <u>4272 Washington</u> | |
| 3. NAME OF DECEASED (Type or Print) <u>Frank W. Alexander WEGNER.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4 25 50</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Aug. 12, 1874</u> |
| 9. AGE (In years last birthday) <u>70</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>O. A. A.</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ |
| 11. BIRTHPLACE (State or foreign country) <u>Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13a. FATHER'S NAME <u>Alexander Wegner</u> | | 13b. MOTHER'S MAIDEN NAME <u>Leita Vannah Men.</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Wife: Amelia Wegner.</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u> | |
| 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Frank Wegner</u> ADDRESS <u>E. St. Louis 20</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES <u>senility</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>50</u> , to <u>Apr 26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Apr. 28</u> , 19 <u>50</u> , and that death occurred at <u>3:55 P. M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>B. R. Loving MD</u> (Degree or title) | | 23b. ADDRESS <u>Ballwin, Mo.</u> | |
| 23c. DATE SIGNED <u>4-29-50</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | |
| 24b. DATE <u>4-29-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Schoyis County MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u> ADDRESS _____ | |
| DATE REC'D. BY LOCAL REG. <u>4-29-50</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donko, M.D.</u> | |

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

J. Allen Davis
Licensed Embalmer No. 4053
P. O. Address St. Louis 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.