S. No. 300
v. 10.46

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

FILED OCT 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31989

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7917

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS Mo
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MISSOURI BAPTIST Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 2825 a Iowa

3. NAME OF DECEASED (Type or Print): a. (First) AMELIA b. (Middle) — c. (Last) WEGNER

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 16 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: JAN. 26 1889

9. AGE (In years last birthday): 61 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHOEWORKER

10b. KIND OF BUSINESS OR INDUSTRY: HAMILTON SHOE

11. BIRTHPLACE (State or foreign country): MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U

13a. FATHER'S NAME: JOHN FRITZ

13b. MOTHER'S MAIDEN NAME: JOSEPHINE BORNE

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: MILDRED PIGAGO — ADDRESS: 2825 a IOWA

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 9 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular disease 10 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Extensive inoperable gastric carcinoma

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 157X

22. *I hereby certify that I attended the deceased from* June 13, 1950, *to* Sept. 16, 1950, *that I last saw the deceased alive on* Sept. 16, 1950 *and that death occurred at* 3.45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Grace E. Bergner, M.D.

23b. ADDRESS: 114 N. Taylor

23c. DATE SIGNED: 9.18.50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: SEPT. 19 1950

24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM.

24d. LOCATION (City, town, or county) (State): ST. LOUIS Mo

DATE REC'D BY LOCAL REG. SEP 18 1950

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Thomas Kutis 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.