

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16689

State File No.

FILED 27041 MAY 9 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1201

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. LENGTH OF STAY (this place) <u>2 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Ann's 4071</u>		d. STREET ADDRESS (If rural, give location) <u>3437 St. Williams Lane</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>STEVEN</u> b. (Middle) <u>CRAIG</u> c. (Last) <u>WEGMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 28 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>4-26-53</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>2 days</u> IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Craig O Wegman</u>		13b. MOTHER'S MAIDEN NAME <u>Irene Tegler</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CRAIG O. WEGMAN 3437 St. WILLIAM'S LANE</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>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pr. mature heart</u> DUE TO (c) <u>Possible R 4 - ...</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
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) <u>7610</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>4-26-53</u> , 19 <u>53</u> , to <u>4-28-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-28-53</u> , 19 <u>53</u> , and that death occurred at <u>2:30 AM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. ern Salum</u> (Degree or title) <u>DO</u>			23b. ADDRESS <u>7320 Flourissant Rd</u>		23c. DATE SIGNED <u>4/28/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-28-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount LeBANDAL</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County MO.</u>		
DATE REC'D BY LOCAL REG. <u>4-28-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Collins Funeral Home 0123 St. Char. Rd.</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

.....
working under my personal supervision.

No Embalming

Student Embalmer No.

Student
Student Embalmer

Signed *Sheldon Collins*

Licensed Embalmer No. *3382*

P. O. Address *10123 St. Chas. R*

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.