

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23235**
5627

FILED JUN 20 1953

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 5627
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital,		d. STREET ADDRESS (If rural, give location) 14 3620a Watson.		
3. NAME OF DECEASED (Type or Print) a. (First) Adolph		b. (Middle) W.		c. (Last) Wiget,
4. DATE OF DEATH June 5, 1953		5. SEX Male, 6. COLOR OR RACE White, 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH July 7, 1909		9. AGE (In years last birthday) 43 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) Beer Bottler,		10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch, Inc.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri,
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Adolph C. Wiget		
13b. MOTHER'S MAIDEN NAME Louise Schibig,		14. NAME OF HUSBAND OR WIFE Genevieve Wiget,		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. 2		17. INFORMANT'S SIGNATURE OR NAME Genevieve Wiget, ADDRESS 3620a Watson Rd.,
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) Cerebral hemorrhage 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.		INTERVAL BETWEEN ONSET AND DEATH terminal
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X
22. I hereby certify that I attended the deceased from 6/3 1953 , to 2/5 1953 , that I last saw the deceased alive on 6/4 1953 , and that death occurred at 3:00 A.M. from the causes and on the date stated above.				
23a. SIGNATURE W. E. ...		(Degree or title) md		23b. ADDRESS 634 ...
23c. DATE SIGNED 6/5/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,		
24b. DATE 6/8/53		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri,
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.		

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

(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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Loron E. Percy

Licensed Embalmer No.

4094

P. O. Address

2842 Meramec St.,

St. Louis, 18, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.