

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**30518**

State File No. ....

**FILED AUG 31 1953**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7480**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <span style="float: right;"><b>2089</b> <b>0</b></span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8901 Halls Ferry Rd.</b>		d. STREET ADDRESS (If rural, give location) <b>8 8901 Halls Ferry Rd.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>John Wegmann</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 31 1953</b>				
a. (First)	b. (Middle)	c. (Last)	9. AGE (In years last birthday) <b>88</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
<b>5. SEX</b> <b>male</b>		<b>6. COLOR OR RACE</b> <b>white</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>widowed</b>		<b>8. DATE OF BIRTH</b> <b>March 1, 1865</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>Henry Wegmann</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Bernadine Wessell</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>deceased</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Miss Helen B. Wegmann 8901 Halls Ferry Rd.</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pulmonary edema</b> <b>ANTECEDENT CAUSES</b> DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>Arteriosclerosis</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 1/2 hrs.</b>  <b>5 yrs.</b>  <b>10 yrs.</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>11. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>42010</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1950, to July 31, 1953, that I last saw the deceased alive on July 21, 1953, and that death occurred at 11 P. M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>William C. Smith</i>	<b>23b. ADDRESS</b> <b>4161 Linder</b>	<b>23c. DATE SIGNED</b> <b>7/31/53</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>8-3-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Ferdinand Cemetery</b>
<b>24d. LOCATION (City, town, or county) (State)</b> <b>Florissant, Missouri</b>		

<b>DATE REC'D BY LOCAL REG.</b> <b>AUG 1 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J. Earl Smith M.D.</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</b>
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5, 11 (Licensed Embalmer's Statement on Reverse Side)

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 Richard G. Bunker  
Licensed Embalmer No. 4202

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.