

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32145**  
Registrar's No. **8475**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>City</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>City of St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1mo 5dys</b>		c. CITY OR TOWN <b>St. Louis, Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St. Louis Chronic Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>4431 S. Broadway</b> <span style="float: right;">21590</span>				
3. NAME OF DECEASED (Type or Print) <b>Victoria Wegner</b>			a. (First)		b. (Middle)		c. (Last) <b>Ruegg</b>	
4. DATE OF DEATH		(Month) <b>9-</b>		(Day) <b>14-</b>		(Year) <b>54</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Nov. 27, 1868</b>		
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>not employed</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ark.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13a. FATHER'S NAME <b>August Wegner</b>		13b. MOTHER'S MAIDEN NAME <b>Angeline ?</b>		
14. NAME OF HUSBAND OR WIFE <b>Edward</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				
16. SOCIAL SECURITY NO. <b>none</b>				17. INFORMANT'S SIGNATURE OR NAME <b>Victoria Ruegg--</b> ADDRESS <b>4431 S. Broadway</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease with</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>heart and brain damage.</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					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)				
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? <b>4200</b>				
22. I hereby certify that I attended the deceased from <b>8-9</b> , 19 <b>54</b> , to <b>9-14</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>9-14</b> , 19 <b>54</b> , and that death occurred at <b>3:30 pm.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Robert Eugene Bowditch M.D.</b> (Degree or title)				23b. ADDRESS <b>5800 Arsenal</b>		23c. DATE SIGNED <b>9-15-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9/17/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>		
DATE REC'D BY LOCAL REG. <b>SEP 15 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker-Welderle</b> ADDRESS <b>3634 Gravois</b>				

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 .....  
Signature of Student Embalmer

Signed *Robert C Wheeler* .....

Licensed Embalmer No. *2128*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.