

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 18 1955

State File No. **13766**
3188

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

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

1. PLACE OF DEATH <i>St. Louis, Mo</i> a. COUNTY <i>Deaconess—Hospital</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Warren</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis, Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Treloar, Mo</i>	
c. LENGTH OF STAY (in this place) <i>30 days</i>		d. STREET ADDRESS (If rural, give location) <i>Rural Route 10901</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Deaconess Hospital</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Fredia</i> b. (Middle) <i>Marie</i> c. (Last) <i>PAUL</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 9, 1955</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>JUNE 19, 1892</i>
9. AGE (In years last birthday) <i>62</i>		10. KIND OF BUSINESS OR INDUSTRY <i>own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Treloar Missouri</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>August H. Wegener</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Hackman</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Fredel C. Paul</i>		ADDRESS <i>Treloar, Mo</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Hodgkin's Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 1/2 yrs</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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hodgkin's Disease</i>		DUE TO (b) _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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? _____			
22. I hereby certify that I attended the deceased from <i>Aug 1951</i> to <i>9-Apr</i> , 1955, that I last saw the deceased <i>Apr 7-1955</i> , and that death occurred at <i>11 am</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Gene McGillitt MD</i>		23b. ADDRESS <i>4501 Manchester</i>	
23c. DATE SIGNED <i>9-4-55</i>			
24a. BURIAL (Specify) <i>BURIAL</i>		24b. DATE <i>4-12-55</i>	
24c. NAME OF CEMETERY OR GREMATORY <i>Holstien</i>		24d. LOCATION (City, town, or county) (State) <i>Treloar, RR. Warren, Mo</i>	
DATE REC'D BY LOCAL REG. <i>APR 11 1955</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Jewell S. Edwards</i>	
REGISTRAR'S SIGNATURE <i>Carl Smith</i>		ADDRESS <i>Tracy, Ill.</i>	

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 James S. Edwards

Licensed Embalmer No. 3548

P. O. Address Tray, Illinois

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.