

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19419**
Registrar's No. **4347**

FILED MAY 24 1957

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 4347 | |
| I. 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, Mo. | | c. LENGTH OF STAY (in this place) 1 Mo-6 days | | c. CITY OR TOWN St. Louis, | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital. | | | | e. STREET ADDRESS (If rural, give location) 3125 So. Broadway | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth | | b. (Middle) _____ | | c. (Last) Wegan | | 4. DATE OF DEATH (Month) (Day) (Year) May 4-1957. | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Aug. 23, 1868 | |
| 9. AGE (In years last birthday) 88 | | 10. MONTHS 8 | | 11. DAYS 11 | | 9. AGE (In years last birthday) 88 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Unknown | |
| 12. CITIZENSHIP OF WHAT COUNTRY? U.S.A. | | | | | | | |
| 13a. FATHER'S NAME Frank Wegan | | | 13b. MOTHER'S MAIDEN NAME Barbara Dausch | | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Louise Patterson ADDRESS 4090 Quincy | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Lateral Lobar Pneumonia INTERVAL BETWEEN ONSET AND DEATH 8 Days. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis years DUE TO (c) Generalized Arteriosclerosis years 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 March 28, 1957, to May 4, 1957, that I last saw the deceased alive on May 4, 1957 and that death occurred at 10:30 AM the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) John W. Beckham, M.D. | | | | 23b. ADDRESS 5800 Arsenal | | 23c. DATE SIGNED 5/6/57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 7, 1957 | | 24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
| DATE REC'D BY LOCAL REG. MAY 7 57 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schumacher's 3013 Meramec St. | | | |

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 emba-

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jack Haupt*

Licensed Embalmer No. *474*

P. O. Address *St. Paul*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.