

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 8 1960

STATE FILE NUMBER
60-009047

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 2284**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Mo		Length of stay in 1b	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3000^a PENNSYLVANIA		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE WEGENER			4. DATE OF DEATH Month Day Year FEB. 25 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 16 1894	9. AGE (last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BRICKLAYER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN WEGENER		13b. MOTHER'S MAIDEN NAME WmC.		13c. NAME OF HUSBAND OR WIFE ANNA WEGENER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT ANNA WEGENER			Address 3000^a PENNSYLVANIA
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE					INTERVAL BETWEEN ONSET AND DEATH 2 YRS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BILATERAL BRONCHOPNEUMONIA 3 DYS					3 DYS	
DUE TO (c) METASTATIC CARCINOMA					9 MON	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF STOMACH				PART III. If deceased was female was there a pregnancy in last 90 days. 151 X <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from OCT 1959 to FEB 25-60 and last saw him/her alive on FEB 25-60 Death occurred at FEB 25-60-1948 on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE [Signature] (Degree or title) M.D.			22b. ADDRESS 52 Maryland Plaza		22c. DATE SIGNED 2/26/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 29 1960	23c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul		23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		
24. FUNERAL DIRECTOR Thomas Lutes 2906 Gravis		25. DATE RECD. BY LOCAL REG. FEB 27 1960	26. REGISTRAR'S SIGNATURE [Signature]			

ENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grav

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