

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026504

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

7051

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED III 1 2 1963

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		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ALEXIAN BROS. HOSP.		d. STREET ADDRESS (If outside, give location) 5511 MILENTZ	

3. NAME OF DECEASED (Type or print) First Middle Last CHRISTINA M WEGENER			4. DATE OF DEATH Month Day Year JULY 5 1963			
5. SEX FEMALE	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 AUG 13, 1889	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.

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 country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOSEPH SONNTAG			13b. MOTHER'S MAIDEN NAME CATHERINE TANKEN			14. NAME OF HUSBAND OR WIFE BERNARD 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 BERNARD WEGENER 5511 MILENTZ		Address	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN DEATH AND DEATH	
IMMEDIATE CAUSE (a)		acute pulmonary edema	
DUE TO (b)		coronary atherosclerosis	
DUE TO (c)		terminal illness	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m. Month, Day, Year		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 June 27 1963		and last saw her/him alive on July 5-63		Death occurred at 8:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22. SIGNATURE (Degree or title) Matthias Gleason M.D.		22b. ADDRESS 506 Olive St		22c. DATE SIGNED 7/6/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 8, 1963		23c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL CEM.		23d. LOCATION (City, town, or county) ST. LOUIS MO	

24. FUNERAL DIRECTOR Thomas Hutin 2906 Garvia		ADDRESS		25. DATE RECD. BY LOCAL REG. JUL 8 1963		26. REGISTRAR'S SIGNATURE Loan Smith M.D.	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

VS 300 Rev. 4/59
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USE BLACK INK OR TYPEWRITER RIBBON

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 *Lois Hayes*

Licensed Embalmer No. 4861

P. O. Address St. Louis 19, 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.

Mr. Martin - 506 Olive St. 1-5025
10, RM 420 till 3 PM Sat.
~~*Mr. James Taylor*~~
~~*Secretary*~~
10-1-2117