

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030626

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7897 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59
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DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
SHOULD READ
ITEM NO.

FILED AUG 9 1963

1. PLACE OF DEATH
a. COUNTY Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Length of stay in 1b
c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hamilton Medical Center Yes No Inside Limits
d. STREET ADDRESS 3915 Vest Ave. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Elizabeth M. Wegescheide 4. DATE OF DEATH Month Day Year August 1, 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Oct. 11, 1875 9. AGE (last birthday) 87 IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY Homes 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Stephen Wegescheide 13b. MOTHER'S MAIDEN NAME Mary Timmemeyer 14. NAME OF HUSBAND OR WIFE None

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. [redacted] 17. INFORMANT Address John Wegescheide 5214 Alcott

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease
DUE TO (b) General arteriosclerosis
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 May 13, 1963 to Aug. 1, 1963 and last saw her alive on Aug. 1, 1963. Death occurred at 3:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Henry C. Westerman, M.D. 22b. ADDRESS 2136 East Grand Blvd 22c. DATE SIGNED 8-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8/5/1963 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR Morrell Mortuary ADDRESS 3710 North Grand 25. DATE RECD. BY LOCAL REG. AUG 3 1963 REGISTRAR'S SIGNATURE [Signature] M.D.

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 Laron E. Percy

Licensed Embalmer No. 4094

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.