

34678

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **9216**

Registration District No. **791**
Primary Registration District No. _____

1. PLACE OF DEATH: **1003** **NOV 13 1939**
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Central Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 days**
In this community **Unknown**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **10**
(If outside city or town limits, write "RURAL")
(d) Street No. **3241a Palm St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Dr. Joseph C. Wieser** **263**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **25**
year **1939** hour **3:40** PM minute _____ M.
21. I hereby certify that I attended the deceased from **June 5, 1939**
to **Oct. 25, 1939**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Bessie Wieser (nee Smith)** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **April 30, 1881**
(Month) (Day) (Year)

that I last saw him alive on **Oct. 25, 1939**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
58 **5** **25** hr. _____ min.

Immediate cause of death **Cerebral Embolism,** **June 5, 1939**
Duration _____

9. Birthplace **Winchester, Ills.** **1**
(City, town, or county) (State or foreign country)
10. Usual occupation **Dentist** **6**

Due to **826**
Due to **Bincho Hypostatic Pneumonia,**
Other conditions (Include pregnancy within 3 months of death) **Oct. 24, 1939**

11. Industry or business _____
12. Name **Joseph C. Wieser** **1**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Longhecker**
15. Birthplace **Pa.**
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature **Mrs Bessie Wieser**
(b) Address **3241a Palm St.**
17. (a) **Burial** (b) Date thereof **10-28-39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Grove**
Math Hermann & Son
18. (a) Signature of funeral director _____
(b) Address **2161 East Fair Ave**
19. (a) **OCT 27 1939** (b) **J. F. Bruders**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. F. Bruders** (M. D. or other) _____
Address **320 Metropolitan Bldg** Date signed **10/27/39**

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X10511

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Ronald Hampton*
Licensed Embalmer No. *2967*
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 this body is not embalmed, above space should be left blank.