

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **12333**

1940  
APR 8 1940  
Registration District No. **707**

Primary Registration District No. **104**

Registrar's No. **576**

**1. PLACE OF DEATH:**  
(a) County St. Louis  
(b) City or town Ferguson  
(c) Name of hospital or institution:  
407 S. Florissant  
(d) Length of stay: In hospital or institution 50 years  
In this community 50 years

3. (a) PRINT FULL NAME George A. Wiese  
8. (b) If veteran, name war No. 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clara Klersh 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased March 26, 1875

8. AGE: Years Months Days If less than one day  
64 11 20 hr. min.

9. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business  
12. Name Christian Wiese  
18. Birthplace Unknown Illinois  
14. Maiden name Catherine Kombrink  
15. Birthplace Unknown Germany

16. (a) Informant Blau Wiese  
(b) Address 407 S. Florissant

17. (a) Burial (b) Date thereof 5-19-40  
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Callan Kelly  
(b) Address 7267 Natural Bridge

19. (a) MAR 18 1940 (b) D. R. Meyer  
(Date received local health officer) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County St. Louis  
(c) City or town Ferguson  
(d) Street No. 407 S. Florissant  
(e) If foreign born, how long in U. S. A.?

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Mar day 16  
year 1940 hour 1 minute 20 P.M.  
21. I hereby certify that I attended the deceased from Oct 1st  
1939, 1940 to Mar 16th, 1940  
that I last saw him alive on 16th day of Mar 19, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to Hypertension  
Other conditions no other  
Duration 6 mo.

PHYSICIAN  
Major findings:  
Of operations 93-  
Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Leo P. Ruch (M. D. or other)  
Address 810 1/2 Page Blvd. Date signed 3-18-40

WRITE PLAINLY—USE 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 embalmed by me, or by

James W. Lammers, Registered Apprentice No. 188

working under my personal supervision.

Signed

John Fitzgerald

Licensed Embalmer No.

136

P. O. Address

St Louis

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.