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State File No.

Registrar's No.

SEP 25 1940

Registration District No. 7911

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Days
(Specify whether
In this community 58
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: _____
(c) City or town: St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No.: 4536 Holly Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st
20 year 1940 hour 6:00 minute A.M.
21. I hereby certify that I attended the deceased from July 26-37
1940 to Aug 1st, 1940;
that I last saw him alive on July 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary thrombosis of heart, congestive heart failure
Due to: _____
Due to: Pulmonary Embolism

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature: Geo. A. Mellis (M. D. or other) _____
Address: 2739 N. Grand Date signed: 8-3-40

3. (a) PRINT FULL NAME: EDWARD W. WIESE

3. (b) If veteran, name war: no 3. (c) Social Security No. 488-09-7520

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Adelia Wiese 6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: June 12 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace: St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Lumber Merchant

11. Industry or business: Thomas & Probst

12. Name: Fred Wm. Wiese

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

14. Maiden name: Unknown

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

16. (a) Informant: Mrs Adelia Wiese
(b) Address: 4536 Holly Ave

17. (a) Bureau (b) Date there: Aug 3-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peters
(d) Signature of funeral director: Very Judge H. Co.
(b) Address: 2223 St. Louis Ave

19. (a) AUG 2 1940 (b) J. P. Brudick
(Date received local registrar) (Registrar's signature)

AUG 1 11 1942

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.....

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address.....

2213 St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.