

No. 2  
13-40  
7-39  
X2315

REG. JAN 8 1947 84  
Registration District No. 121

Primary Registration District No. 121

Registrar's No. 2382

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 1 mo., 4 days  
(Specify whether years, months or days)

In this community life

3. (a) PRINT FULL NAME William Wiese

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sophie Wiese

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan. 6 1874  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>11</u>	<u>9</u>	hr. min.

9. Birthplace Spanish Lake Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Henry Wiese

13. Birthplace St. Louis County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Ferdeching

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

16. (a) Informant Sophie Wiese

(b) Address Baden Station R. 3

17. (a) BURIAL (b) Date thereof DEC. 18 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLACK JACK CEM.

18. (a) Signature of funeral director Diedrich Emanuel Hou

(b) Address 8219 W. Holly Berry Rd.

19. (a) DEC 17 1940 (b) W. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Baden  
(If outside city or town limits, write "RURAL")

(d) Street No. Spanish Pond Rd. & Baden Station  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15  
year 1940 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from 11-11-40  
to 12-15-40, 19...;

that I last saw him alive on 12-15-40, 19...;

and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Thyroid Crisis

Due to Thyroid Crisis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations lob. Pt.

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? (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 John S. Matthews (M. D. or other) !

Address Co. 200 Date signed

Duration 24 hrs.

24 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Arthur R. Friedrich*

Licensed Embalmer No. *3556*

P. O. Address *St. Louis City*

**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, fact should be so stated above.**