

S. No. 2
4-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 12979
Registrar's No. 3745

FILED APR 28 1943 18

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:
(a) County ~~Isolation Hospital~~
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution:
5600 Arsenal St. Isolation Hosp.
(d) Length of stay: In hospital or institution 4-19-43 to 4-21-43
In this community 2 months.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 100 12
(c) City or town 3943 S. Main St.
(d) Street No. St. Louis
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ernest V. Wiesner

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased Feb. 9, 1943.

8. AGE: Years 0 Months 2 Days 12 If less than one day hr. min.

9. Birthplace St. Louis, Missouri.

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Andrew Wiesner,
13. Birthplace St. Louis, Mo.
14. Maiden name Anna Grote
15. Birthplace Bowling Green, Mo.

16. (a) Informant H. Buchanan,
(b) Address 5600 Arsenal St.

17. (a) Burial, (b) Date thereof 4/23/43
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gibben - Long Mortuary
(b) Address 2842 Meramec St.

19. (a) APR 22 1943 (b) J. F. Bradeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21,
year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 19, 1943 to April 21, 1943.
that I last saw him alive on April 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to.....
Due to.....

Other conditions Septicemia Escherichia?
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
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?

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature David Gelling (M. D. or other).....
Address St. Louis Isolation Hosp. Date signed 4.21.43

Duration 2 wks
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.....

Joe S. Benz
Licensed Embalmer No. 4249
2842 Meramec St.,
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, fact should be so stated above.