

FILED JUL 24 1943

318

State File No.

6428

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, 34 days. (Specify whether
In this community..... Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Peter William Wiese

3. (b) If veteran, name war No 3. (c) Social Security No. 488-05-7012

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife: Minnie Wiese 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased: December 19, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 6 26 hr. min.

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

10. Usual occupation Bricklayer, Weinschmidt

11. Industry or business Construction Co.

MOTHER FATHER { 12. Name Frederick Wiese
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bollinger
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Minnie Wiese

(b) Address 3271 Watson road

17. (a) Burial (b) Date thereof 7 17 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Frederick Helderich Und. Co.

(b) Address 3634 Gravois Avenue

19. (a) J. F. Brudeck (b) J. F. Brudeck
(Date and full name of registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3271 Watson road
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 11, 1943 to July 15, 1943; that I last saw him alive on July 15, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid colon 3 yr

Due to H6
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: metastatic growth in liver
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?

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

23. Signature Alan M. W. W. W. (M. D. or other)
Address BARNES HOSPITAL Date signed

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.....
Frank J. Deland

Licensed Embalmer No.....
2675

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.