

S. No. 2
OM-2-43
v. 5-17-39
P-1 X33557

9595

DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 2756

LED MAR 27 1944
Registration District No. 818

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: St. Baptist Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
1713

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4942 Magnolia Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FRED F. WIESE

3. (b) If veteran, name war Stone

3. (c) Social Security No. 492-09-2662

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Ida Wiese 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct 4 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>5</u>	<u>18</u>	_____ min.

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

10. Usual occupation Pattern Maker

11. Industry or business Magway Sharris

12. Name Fred Wiese

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Ida Wiese

(b) Address 4942 Magnolia Ave.

17. (a) Removal (b) Date thereof 3-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonito Ellis's

18. (a) Signature of funeral director Wiegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) MAR 22 1944 (b) J. C. Coedick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1944 hour 12:30 minute PM

21. I hereby certify that I attended the deceased from March 18 1944, to March 22 1944, that I last saw h.i.m. alive on March 21 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary sclerosis ? years

Due to Diabetic mellitus 3 years

Other conditions (Include pregnancy within 3 months of death) 61

PHYSICIAN

Major findings: Of operations _____

Of autopsy Coronary sclerosis, pulmonary edema.

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? Yes (Specify type of place) _____ (e) Means of injury _____

23. Signature Ray D. Williams (M. D. or other) _____

Address 114 N. Taylor, St. Louis Date signed 3/22/44

Dr. Williams
114 N. Taylor
Jr 8600

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 Richard W. Stoussant

Licensed Embalmer No: 4007

P. O. Address.....

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.