No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28200

FILED AUG 20 1946

Registration District No. 377 Primary Registration District No. 3063 Registrar's No. 1699

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L. Co.
(c) City or town Spanish Lake
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.#1, Box 103, Florissant
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Wiese

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 MARRIED
6. (b) Name of husband or wife AUGUSTA WIESE
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased APRIL (Month) 23 (Day) 1879 (Year)

8. AGE: Years 67 Months 3 Days 22 If less than one day hr. min.

9. Birthplace SPANISH LAKE (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Fireman
11. Industry or business

FATHER
12. Name WILLIAM WIESE
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH SCHENK
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Augusta Wiese
(b) Address BADEN STATION R.3 Box 251
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug. 17-1946 (Month) (Day) (Year)
(c) Place: burial or cremation SALEM LUTH. CEM.
18. (a) Signature of funeral director Diedrich F. Horne
(b) Address 8319 Halls Ferry Rd.
19. (a) 8-16-46 (Date received local registrar) (b) E. A. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1946 hour 6 minute 15 p.M.

21. I hereby certify that I attended the deceased from August 14-4:10, 1946 to 8-14-46, 1946 that I last saw him alive on August 14, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive cardiovascular heart disease c̄ cerebral accident

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 [signature] MD (M. D. or other)
Address 601 Bremerton Date signed 8/14/46

(Licensed Embalmer's Statement on Reverse Side)

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

27039

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 P. Diedrich

Licensed Embalmer No. 3556

P. O. Address St. Louis

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.