

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3432

0350

FILED FEB 2 1954

State File No. ....

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		
1. PLACE OF DEATH a. COUNTY <b>Missouri</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <b>St. Louis,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>228 N. Taylor Ave.</b>			e. STREET ADDRESS (If rural, give location) <b>228 No. Taylor Ave.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>James</b>	b. (Middle) <b>Robert</b>	c. (Last) <b>Wiesman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 11, 1954.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2-3-4-1909</b>	9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 1 YEAR Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Mgr</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber Bldg Matl.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cincinnati, Ohio.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jake Wiesman</b>		13b. MOTHER'S MAIDEN NAME <b>Belle Rosenbaum</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>Yes W.W. II</b>	16. SOCIAL SECURITY NO. <b>492-10-2197</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Phyllis W. Rokaw, 6908 Millbrook Dr.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gastric Hemorrhage</b> DUE TO (c) <b>Peptic Ulcer</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>54.00</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:35 P.</b> m., from the causes and on the date stated above.						
23a. SIGNATURE <b>Druck E Taylor</b>		(Degree or title)	23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>1-3-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>1-13-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JAN 18 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mayer Fun. Home 4356 Lindell Blvd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*John J. Harris*

Licensed Embalmer No.....  
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P. O. Address.....  
St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.