No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6988

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1098

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (In this place) LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY —
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location) 1400 1/2 A. NO. 20TH ST. 2219

3. NAME OF DECEASED (Type or Print)
a. (First) Bernard
b. (Middle)
c. (Last) Wiesing

4. DATE OF DEATH (Month) Feb (Day) 1 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER-MARRIED
8. DATE OF BIRTH Feb. 15, 1883
9. AGE (In years last birthday) 70 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY CONFECTIONERY-
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS — MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH - WIESING
13b. MOTHER'S MAIDEN NAME MARY - THOELE
14. NAME OF HUSBAND OR WIFE < SINGLE >

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Mrs. Carrie Meyers — **ADDRESS** 2206 N 19th

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 3 Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 1561

22. *I hereby certify that I attended the deceased from* 1-17-54, 19__, *to* 2-1-54, 19__, *that I last saw the deceased alive on* 2-1-54, 19__, *and that death occurred at* 11:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Jean A. Chapman (Degree or title) M.D.
23b. ADDRESS 1515 Lafayette
23c. DATE SIGNED 2-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE FEB. 5TH 1954
24c. NAME OF CEMETERY OR CREMATORY CALVARY - CEMETERY.
24d. LOCATION (City, town, or county) ST. LOUIS (State) MO.

DATE REC'D BY LOCAL REG. FEB 4 1954
REGISTRAR'S SIGNATURE A. J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co. **ADDRESS** 1827 - HOGAN - ST.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.