

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11285

FILED MAR 18 1957

State File No. _____
Registrar's No. **1725**

318

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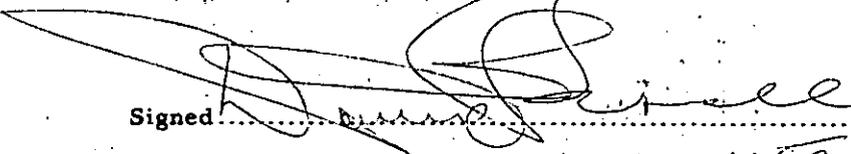
BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 50 yrs.		c. CITY OR TOWN St. Louis		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 3647 Marine Avenue				e. STREET ADDRESS (If rural, give location) 3647 Marine Avenue					
3. NAME OF DECEASED (Type or Print)		a. (First) DANIEL		b. (Middle) G.		c. (Last) WIESNER		4. DATE OF DEATH (Month) (Day) (Year) Feb. 18 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 20, 1903		9. AGE (In years) (Month) (Day) (Hour) (Min.) 53 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Mfg. Stoves		11. BIRTHPLACE (City and State or Foreign Country) 6 Tutchin, Russia			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ludwig Wiesner			13b. MOTHER'S MAIDEN NAME Emilie Schadler			14. NAME OF HUSBAND OR WIFE Viola Broeg Wiesner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) 288-03-8158		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Viola M. Wiesner, 3647 Marine Ave.					
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) Coronary Thrombosis attached						INTERVAL BETWEEN ONSET AND DEATH 2 years.	
		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 420.1						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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) _____		21d. (COUNTY) _____		21e. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from Feb 4, 1956 to Feb 18, 1957 , that I last saw the deceased alive on Feb 18, 1957 , and that death occurred at 12:35 Pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Leroy E. Ellison M.D.				23b. ADDRESS 3610 So Broadway St. Louis Mo		23c. DATE SIGNED. Feb 19, 1957			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE Feb. 22, 1957		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. FEB 20 1957		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.				

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

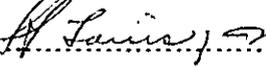
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 4522

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.