

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

46472
STATE FILE NUMBER

12609
Registrar's No.

Registration District No. _____ Primary Registration District No. _____

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri,</u> b. COUNTY	
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <u>St. Louis,</u>		c. CITY OR TOWN <u>St. Louis,</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital,</u>		Length of stay in lb <u>15</u> d. STREET ADDRESS <u>5032 Gerritt Ave.,</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles August Erick Wiesner</u>		4. DATE OF DEATH Month Day Year <u>December 28, 1957</u>	
5. SEX <u>♂</u>	6. COLOR OR RACE <u>White,</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>November 15, 1874</u>
9. AGE (In years last birthday) <u>83</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u>	11. BIRTHPLACE (City and state or country) <u>Germany,</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Don't Know,</u>	13b. MOTHER'S MAIDEN NAME <u>Don't Know,</u>	14. NAME OF HUSBAND OR WIFE <u>Addie Wiesner,</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>329-10-8777</u>	17. INFORMANT Address <u>Mrs. Grace Yost, 5032 Gerritt Ave.,</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Indurated nephritis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>592x</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>Jan 20-1958</u> to <u>Mar 23 1957</u> and last saw her alive on <u>Dec 27, 1957</u> Death occurred at <u>8:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ralph Bergms</u> (Degree or title) <u>0</u>		22b. ADDRESS <u>32038 Grand</u>	
		22c. DATE SIGNED <u>12/30/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal,</u>	23b. DATE <u>12/31/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Clair Memorial Cemetery,</u>	23d. LOCATION (City, town, or country) (State) <u>French Village, Illinois,</u>
24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary,</u> ADDRESS <u>2842 Meramec St.,</u> <u>St. Louis, 18, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 30 57</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Smith MD</u> <u>MSB</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 me, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, 18,

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.