Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027865
STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2013

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Fern Ridge — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Fee Fee Road — Length of stay in Ib 70 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Fern Ridge 4000 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Fee Fee Road — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First George Middle - - - Last Wuest

4. DATE OF DEATH Month July Day 30 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec. 31, 1882
9. AGE (In years last birthday) 75 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Altheim, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Wuest
13b. MOTHER'S MAIDEN NAME Barbara Schnapp
14. NAME OF HUSBAND OR WIFE - - - - NONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Fred W. Wuest, Creve Coeur, Missouri Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio sclerosis
DUE TO (c) 450.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 ? to ? and last saw her/him alive on ?
Death occurred at ? m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm B Kennedy (Degree or title) MD
22b. ADDRESS 4500 Olive
22c. DATE SIGNED July 31/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-1-1958
23c. NAME OF CEMETERY OR CREMATORY St. Pauls Ev. Cemetery
23d. LOCATION (City, town, or county) Olivette, Missouri (State)

24. FUNERAL DIRECTOR Baumann Bros. Inc. ADDRESS 2504 Woodson Rd. Overland, Mo.
25. DATE RECD. BY LOCAL REG. 7-31-58
26. REGISTRAR'S SIGNATURE Herbert R Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Unable to obtain information from doctor as to attendance

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 Gustav W. Sieter

Licensed Embalmer No. 4329

P. O. Address St. Louis Mo

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.