

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30542**  
Registrar's No. **7605**

REG'D OCT 1 1939 91

Registration District No. **1008**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Five days  
(Specify whether years, months or days) Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 7  
(d) Street No. 4964 Alcott Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Emma Wieman 550

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willaim C. Wieman

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 24, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 3 6 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Louisda

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William E. Herman

(b) Address 4964 Alcott Ave

17. (a) Burial (b) Date thereof 9-2-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 2 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's initials)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30  
year 1939 hour 1:05 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from August 10<sup>th</sup>, 1939, to August 30, 1939; that I last saw her alive on Aug. 30, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy  
Due to arterial hypertension Duration 6 days

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. W. Johnmader (M. D. or other) MD

Address 4981 Thrush Date signed 8-31-39

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Edward Van Dyke*

Licensed Embalmer No. *2967*

P. O. Address *2161 B Fair Ave*

**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 this body is not embalmed, above space should be left blank.**