

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 424
Registrar's No. 424

Registration District No. 791
1000 Primary Registration District No. FILED FEB 17 1940

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1619 N. 7th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA S. WIEGMANN
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife the late Chas. Wiegmann
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 4 1846
(Month) (Day) (Year)

8. AGE: Years 93 Months 8 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Schlinck
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 Louis Wiegmann
(b) Address 1619 N. 7th St.

17. (a) Burial (b) Date thereof Jan - 16 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Frank L. ...
(b) Address 1417 N. Market St.

19. (a) JAN 15 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1619 N. 7th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 80 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan Day 13th Year 1940 Hour 9:45 minute _____ M. _____
21. I hereby certify that I attended the deceased from Jan 13 1940 to Jan 13 1940, 1940 to Jan 13 1940, 1940.
that I last saw him/her alive on Jan 13 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Pneumonia
Due to Extreme old age

Other condition Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (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 work) (c) Means of injury _____
23. Signature Mattie S. ... (M.D. or other) _____
Address 1722 Grand Date signed 1/15/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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.

USE 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.....

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

Signed *Homer L. Pender*

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis*

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.