DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4372

Registration District No. 791 FILED MAR 12 1940 Primary Registration District No. 1003 Registrar's No. 1202

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: City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community 75 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 7

(d) Street No. 5922 Goodfellow Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME 530 Mrs. Anna Wieman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Femal e

5. Color or race White

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

6. (b) Name of husband or wife Late Henry Wieman

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

7. Birth date of deceased June (Month) 1st. (Day) 1864 (Year)

8. AGE: Years 75 Months 8 Days 4 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Samuel Hinden

13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant's own signature Chas. Wieman

(b) Address 5922 Goodfellow Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy Bredow M. Co

(b) Address 1417 N. Market St.

19. (a) FEB 6 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 5th - 1940 year 1940 hour 3 30 minute A. M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia Uremia of 5th Rec — Duration

Due to Fracture of Left Leg Fractured Ribs

Due to Suffered in fall from wheel Chair and bed

Other conditions (Include pregnancy within 3 months of death) from bed while suffering from Senility

Major findings: Of operations at Ter Lemm on Dec 6-1940-193

Of autopsy None

Accident

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) Accident

(b) Date of occurrence 12/6/39

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed 2-6-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....John P Buckley

Licensed Embalmer No.....1674

P. O. Address.....2223 St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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