

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30691**  
Registrar's No. **7968**

Registration District No. **791** Primary Registration District No. **1003**

**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 3663 Connecticut St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 yrs.  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** LOUISE WIECHERT.  
**3. (b) If veteran,** name war \_\_\_\_\_  
**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** Henry Wiechert  
**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** Jan. 1 1856  
(Month) (Day) (Year)

**8. AGE:** Years 84 Months 8 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Belleville Ill.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Homemaker

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

**MOTHER FATHER**  
**12. Name** Frederick Lemkiewicz  
**13. Birthplace** Germany  
**14. Maiden name** Charlotte Wismigil  
**15. Birthplace** Germany  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** Emma P. Gies  
**(b) Address** 3663 Conn St. St. Louis, Mo

**17. (a) Burial** Burial **(b) Date thereof** Sept. 25, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Walnut Hill, Belleville

**18. (a) Signature of funeral director** Edgar G. Baldus  
**(b) Address** Belleville, Ill.

**19. (a) Local Registrar** J. F. Baldus **(b) District Registrar** \_\_\_\_\_  
**SEP 25 1940**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3663 Connecticut St.,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Sept, day 23, year 1940. hour 2 minute 40 A. M.

**21. I hereby certify that I attended the deceased from** February 3  
1940 to Sept. 23, 1940  
that I last saw her alive on Sept. 23, 1940  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Aortic and Mitral Regurgitation.  
**Duration** 7 mo.

**Due to** Chronic Interstitial Nephritis

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

**Major findings:** None  
 operations \_\_\_\_\_  
 autopsy None  
**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) \_\_\_\_\_  
(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** \_\_\_\_\_ **(e) Means of injury** \_\_\_\_\_

**28. Signature** B. W. Klippel, M.D. **(M.D.)** \_\_\_\_\_  
**Address** 3235 South Grand **Date signed** 9/23/40  
avc.

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.

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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.....

*Edgar A. Baldus*  
2846  
.....  
Licensed Embalmer No.....

P. O. Address..... *Belleville, 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 this body is not embalmed, above space should be left blank.**