

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16266

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3784

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: 4200 Lawn Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Anna Wiechmann

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct. 25th 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>77</u>	<u>6</u>	<u>7</u>	_____ hr. _____ min.
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9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework at home

11. Industry or business _____

MOTHER FATHER { 12. Name Ferdinand Wiechmann

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

14. Maiden name Marie Saftleben

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

16. (a) Informant Gustave Wiechmann

(b) Address 4200 Lawn Ave.

17. (a) Burial (b) Date thereof 5-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blyd.

19. (a) MAY 8 1941 (b) J. H. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 14 1/2

(d) Street No. 4200 Lawn Ave.
(If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1941 hour 5:45 minute A.M. M.

21. I hereby certify that I attended the deceased from Sept. 1940
_____ 1940, to May 15 1941;
that I last saw her alive on May 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myocarditis

Due to Senility

Due to Hyperfusion

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) _____

(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? _____

23. Signature B. H. [Signature] (M. D. or other) MD
Address 3606 [Address] Date signed 5-2-41

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 *Edwin M. Gerwitz*

Licensed Embalmer No. *3024*

P. O. Address.....

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, fact should be so stated above.