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No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33284**

FILLED NOV 24 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8239**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
In this community **LIFE** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **William Wieners**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **Don't know**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **FRANCES (DECEASED)** 6. (c) Age of husband or wife if alive **12TH 1879** years

7. Birth date of deceased **JUNE 12TH 1879**
(Month) (Day) (Year)

8. AGE: Years **62** Months **4** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **ST. LOUIS MO. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **FORMERLY MEAT CUTTER**

11. Industry or business **RETAIL BUTCHER**

12. Name **WILLIAM F. WIENERS**

13. Birthplace **GERMANY 4**

14. Maiden name **CHRISTINE DIECKMANN**

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

16. (a) Informant **Edward Wieners**

(b) Address **1627 Helen St.**

17. (a) **BURIAL** (b) Date thereof **OCT. 18-41.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S.S. Peter = Paul Brockland 2nd Co**

18. (a) Signature of funeral director **1827 HOGAN STR**

(b) Address **1827 HOGAN STR**

19. (a) **OCT 16 1941** (b) **J F Budeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **000 19 10 21**
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **1426 HOGAN STR**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **15**, year **1941** hour **12:25** minute **P.** M.

21. I hereby certify that I attended the deceased from **October 13**, 1941, to **October 15**, 1941; that I last saw him alive on **October 15**, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Deq. Heart disease.**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **93 93e**

Major findings: Of operations _____
Of autopsy **Marked heart failure.**

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? _____ (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 **0**

23. Signature **J. P. Robinson** (M. D. or other) _____
Address **1515 Lafayette Avenue** Date **10/15/41**

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.....

Herbert H. Burnley

Licensed Embalmer No.....

4202

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.