

FILED JAN 15 1943

Registration District No. 200

Primary Registration District No. 5725

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Hudson

(c) Name of hospital or institution: Still Hildred Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Feb 12 - 42 to Dec 23 - 42
(Specify whether)

In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin

(c) City or town Senese, Ill.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Mrs Helen Wiese

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife C J Wiese 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 1st 1903
(Month) (Day) (Year)

8. AGE: Years 39 Months 11 Days 22 If less than one day
39 hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Robert Struzel

13. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Magstrup

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

16. (a) Informant C. J. Wiese

(b) Address Yureka Ill

17. (a) removal (b) Date thereof 12/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yureka Ill

18. (a) Signature of funeral director Albert Struzel

(b) Address Macon Mo.

19. (a) 1/2/43 (b) Yvona B. Funckler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23^d
year 1942 hour 9 minute 17 A.M.

21. I hereby certify that I attended the deceased from Dec 12 1942 to Dec 23 1942
that I last saw her alive on Dec 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis Duration 3 hours

Due to 940

Due to

Other conditions manic depression psychosis 5 years
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of 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?

(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

23. Signature H. P. Hoyle D.O. (M. D. or other)

Address Macon Missouri Date signed 1/2/43

RECEIVED

District Health Officer No. 10

Ripright File Number 1-43-139

Date Filed JAN-13-1943

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 Allan Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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, fact should be so stated above.