

S. No. 2
OM-2-43
5-17-39
I X 44

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAY 14 1943 1818

Registration District No.

Primary Registration District No.

1003

4273

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home for the Aged, 43400 So. Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret 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 Widowed

6. (b) Name of husband or wife Christian

6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased January 8 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Herman Wuebben

13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Anna Bruns
15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Teresa

(b) Address 3400 So. Grand Blvd.

17. (a) Burial (b) Date thereof 5/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director John Louis Montuary

(b) Address 2842 Meramec St.

19. (a) MAY 7 1943 (b) J.F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 So. Grand
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1943, hour 3: minute 00 A. M.

21. I hereby certify that I attended the deceased from 18 May 7 to 19 May 7 1943

that I last saw him alive on May 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio. Cardio - Sclerosis Duration 1

Due to Cosonary Insufficiency 170

Due to 92

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place) (e) Means of injury

23. Signature J.F. Bredek (M. D. or other)

Address Union Club Date signed 5/14

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

MOTHER FATHER

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Joe S. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, 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.