

FILED JUL 31 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6619

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4405 Rosa Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Wiegert

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Wiegert 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 20, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>1</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Stone Contractor

11. Industry or business (Retired)

12. Name Charles Wiegert

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

14. Maiden name Henrietta Haas

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

16. (a) Informant Mrs. Bertha Wiegert

(b) Address 4405 Rosa Avenue

17. (a) Burial (b) Date thereof 7/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director John W. Eubank

(b) Address 2630 Gravois Avenue

19. (a) JUL 22 1943 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1943 hour 4:05 minute P. M.

21. I hereby certify that I attended the deceased from July 13 to July 20, 1943
that I last saw her alive on July 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Rt. Lungs Pneumonia (complete consolidation)
Duration _____

Due to Hypostatic ??

Due to Cerebral thrombosis left side
Internal capsule & Hemiplegia

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?

While at work? _____
(Specify the place) (Means of injury)

23. Signature Chas. W. Wade (M.D. or other) _____
Address City, Mo. Date signed 7/27/43

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

Signed

V E Morris

Licensed Embalmer No. *3360*

P. O. Address *605 Benedick Ct*

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.