

S. No. 2  
OM-2-43  
5-17-39  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF REGISTRATION

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30539

State File No. \_\_\_\_\_

Registrar's No. 8365

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
6709a Fyler Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ 50 years \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Mr. William H. Wiemer

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, Widowed

6. (b) Name of husband or wife Mrs. Mathilda Wiemer

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

7. Birth date of deceased July 8th, 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	2	10	hr. min.

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

10. Usual occupation Retired Bakery Salesman

11. Industry or business Wholesale Bakery

12. Name George Wiemer

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

14. Maiden name Catherine Dressler

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

16. (a) Informant Mrs. William Hauck

(b) Address 6353 Devonshire Avenue

17. (a) Burial (b) Date thereof Sept. 21, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beidervieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) SEP 21 1943 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 3

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

(d) Street No. 6709a Fyler Avenue  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18  
year 1943 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 13, 1943 to Sept 18, 1943; that I last saw him alive on Sept 18, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 day

Due to Atherosclerosis and Chronic Myocarditis Several years

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: [Signature] **PHYSICIAN**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 type of place) (e) Means of injury 0

23. Signature H. Louis Schuchat (M. D. or other) \_\_\_\_\_

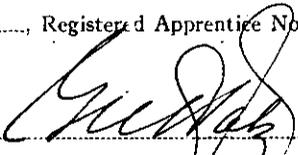
Address 2200 Cambau Ave Date signed 9-20-43

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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..... 

Licensed Embalmer No. 3737

P. O. Address 1926 St. Louis Ave

**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.