

S. No. 2  
OM-2.43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33858  
State File No. \_\_\_\_\_  
Registrar's No. 2896

318  
FILED OCT 19 1943  
Registration District No. 1003

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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1712  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4511 Washington Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Pearl Martha Wiese  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 7th  
year 1943 hour 4:45 minute AM

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Harold Paul  
6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased May 7 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-10 1943 to Oct 7 1943  
that I last saw him alive on 10-6 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months 5 Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic valvular Heart Disease  
Due to unknown remote acute infection  
Duration 15 yr(?)  
Due to \_\_\_\_\_ ?

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

Other conditions (include pregnancy within 3 months of death) 92

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name August Niesen  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Kincaid  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Harold Paul Wiese  
(b) Address 4511 Washington Blvd.

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? \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Walhalla Cemetery

18. (a) Signature of funeral director Chas. F. Stewart  
(b) Address 1225 Union Blvd.

(Specify type of plane) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

19. (a) OCT 8 1943 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

23. Signature A. P. Shuff (M. D. or other) \_\_\_\_\_  
Address 1820 Mrs. Stanton Bldg. Date signed 10-8-43

*Rx Scheffner*

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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 *Albert G. Hopp*.....

Licensed Embalmer No. *2991*.....

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.**