

FILED JAN 10 1944

Registration District No. 117

Primary Registration District No. 5436

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural Boulevard Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade
(c) City or town Rural Boulevard Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Augusta Wiegand

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 22 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Mt. Sterling Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation at home

11. Industry or business Farm

12. Name Ferdinand Wiegand

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

14. Maiden name Catherine Clay

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

16. (a) Informant Sam Wiegand

(b) Address Mt. Sterling, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation Wiegand Cem. Mt. Sterling

18. (a) Signature of funeral director Jagomeyer-Murray

(b) Address Owensville Mo

19. (a) 12-27-43 (Data received local registrar) (b) Ed Wiegand (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1943 hour 5- minute 00 PM.

21. I hereby certify that I attended the deceased from September 15, 1943 to Dec 24 - 1943; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death congestion of feet

Due to _____
Due to infected sores

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 Ed Wiegand (M. D. or other) Address Owensville Mo Date signed 12-26-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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. me,
working under my personal supervision.

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address Owensville, 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.