

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4776

FILED JAN 19 1944

Registration District No. 364

Primary Registration District No. 4533

Registrar's No. 16

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Wright City Mo
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren
(c) City or town Wright City
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME GEORGE F. WIEMER
3. (b) If veteran, name war _____
3. (c) Social Security No. 490-14-5782

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 24
year 1943 hour about 10 minute _____ a.m.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fena Wiemer 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May 28 1880
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death By heart attack and Coronary thrombosis Duration _____
Due to (Verdict of coroner/jury)

8. AGE: Years 63 Months 6 Days 26 If less than one day hr. _____ min. _____
9. Birthplace Warren Co Mo
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 94a
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Tool - checker
11. Industry or business _____
12. Name Geo. F Wiemer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Nordmann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Fena S. Wiemer
(b) Address Wright City Mo.
17. (a) Burial (b) Date thereof Dec 26 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wright City Cem.
18. (a) Signature of funeral director Julius Nieburg F & L Co
(b) Address Wright City Mo
19. (a) 12-26-43 (b) Julius Nieburg
(Date received local registrar) (Registrar's signature)

23. Signature Mrs F.H. Kuize (Mr. D. or other) Coroner
Address Warrendale Mo Date signed Dec 26 1943

JAN 2 0 1944

MAY 12 1944

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.....

Julius Nieburg

Licensed Embalmer No. *3366*

P. O. Address *Wright City 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, above space should be left blank.