

FILED FEB 19 1944  
Registration District No. 3068

Primary Registration District No. 3068

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

Registrar's No. 361

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7517 Rannells Ave.  
(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 Mo. (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7517 Rannells Ave  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Henry Wiehe

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

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

6. (b) Name of husband or wife Lena 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb. 1, 1864  
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 7 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Cigar Mfg.

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

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Carl Wiehe

(b) Address 8753 Brentwood Blvd

17. (a) Burial (b) Date thereof Feb. 11, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cem.

18. (a) Signature of funeral director Jay B. Smith.

(b) Address 7456 Manchester Ave, Maplewood, Mo.

19. (a) FEB 12 1944 (b) E. D. McCarver, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8  
year 1944 hour 11 min 30 P. M.

21. I hereby certify that I attended the deceased from Oct 10  
1943 to Feb 8 1944  
that I last saw him alive on Feb 6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion  
Duration \_\_\_\_\_

Due to heart

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

Other conditions none  
(Include pregnancy, within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 93d

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 type of place)  
(a) Means of injury fall

23. Signature E. D. McCarver (M. D. or other) M.D.  
Address 701 - Clark Date signed 2-10-44

*Handwritten notes and scribbles at the top of the page, including the number '1' and some illegible cursive text.*

**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 3454  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

**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.**