

FILED MAR 20 1944
318

State File No. _____
Registrar's No. 2366

Registration District No. _____ Primary Registration District No. 1003

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

3. (a) PRINT FULL NAME Wilbur Wieman

3. (b) If veteran, name war None 3. (c) Social Security No. 349-05-4475

4. Sex Male 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 August 3 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 7 6 hr. min.

9. Birthplace O'Fallon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Teamster

11. Industry or business _____

MOTHER FATHER

12. Name Fred Wieman

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

14. Maiden name Margaret Fausz

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

16. (a) Informant Fred Wieman

(b) Address O'Fallon, Ill.

17. (a) Removal (b) Date thereof 3-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 10 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town O'Fallon
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. # 2 (If rural, give location) NR
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from February 17
1944 to March 9 1944;
that I last saw him alive on March 9 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus Duration 1 day
Due to Cerebral thrombus 4 weeks

Due to Arterial Fibrillation 6 weeks
(Myocarditis & Coronary Arteriosclerosis)
Chronic
Other conditions Chronic
(I made post-mortem within 3 months of death)

Major findings: Arteriosclerosis - renal PHYSICIAN
Tuberculo
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 _____
23. Signature A. R. Pfeiffer (M. D. or other) _____
Address 634 N Grand - Al. P. Mo. Date signed 3-10-44

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

No embalm

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.....

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.