S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 2 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28860

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1784

1. PLACE OF DEATH:
(a) County St Louis County Hospital
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one (Specify whether
In this community about 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town Kirkwood (If outside city or town limits, write "RURAL") 1
(d) Street No. 473 N Kirkwood (If rural, give location) 3
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Fred Wiesman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race White

6. (a) Single, widowed, married, divorced Unkn

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased — (Month) — (Day) Unkn (Year)

8. AGE:	Years	Months	Days	If less than one day
about	96	—	—	— hr. — min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name —
13. Birthplace — (City, town, or county) — (State or foreign country) 9

MOTHER
14. Maiden name —
15. Birthplace — (City, town, or county) — (State or foreign country) 9

16. (a) Informant Carl Becker Friend
(b) Address 473 N Kirkwood Kirkwood

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug 26 44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) AUG 25 1944 (Date received local registrar) (b) C. G. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1944 hour 10 40 minute A M.

21. I hereby certify that I attended the deceased from 8-23 1944, 19 , to 8-24, 1944 that I last saw him alive on 8-24, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Cardio-Vascular Disease	?
Due to	
Due to	
Other conditions Generalized Arteriosclerosis (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? (Specify type of place)
While at work (e) Means of injury

23. Signature John Niederwimer (M. D. or other) MD
Address St Louis County Hosp Date signed 8-24-44

(Licensed Embalmer's Statement on Reverse Side)

SEP 7 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 G. W. Elbinson

Licensed Embalmer No. 3575

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.