

FILED JAN 15 1945
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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39907

Registrar's No. 11280

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Alexian Bros Hospital.
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME George Wieland

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Elenora Wieland 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June 21 1881
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>63</u> | <u>6</u> | <u>10</u> | hr. _____ min. _____ |

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Freight Handler

11. Industry or business _____

MOTHER FATHER {

12. Name Frank Wieland

13. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Prieser

15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Stoppleman
(b) Address 2615 Ruyger Str.

17. (a) Burial (b) Date thereof 1/3/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus.

18. (a) Signature of funeral director Wm G. Muddell

(b) Address 1926 Allen Av.

19. (a) JAN 9 1945 (b) J. B. Breech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis.
(d) Street No. 2615 Ruyger Str.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1944 hour 5 minute 05 a.m.

21. I hereby certify that I attended the deceased from May 3
1944 to Dec 31 1944
that I last saw him alive on Dec 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial degeneration
with hypertension

Due to hypertension - arterial

Other conditions: hypertension
(Include pregnancy within 6 months of death)

Major findings of operations: 1/31

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? _____
(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 Dr. J. B. Breech (M. D. or other) Dr.
Address 3112 So. Grand Date signed 1-1-45

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 me

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

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen av

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.