

FILED AUG 28 1945 STANDARD CERTIFICATE OF DEATH

State File No. 28586

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2866

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Vinita Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8305 Jackson St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Vinita Park
(If outside city or town limits, write "RURAL")
(d) Street No. 8305 Jackson St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

William H. Wiegand

3. (b) If veteran, name war No
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 Clara E. Wiegand
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased August 8, 1868.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>0</u>	<u>10</u>	____ hr. ____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Wiegand
13. Birthplace St. Louis, Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Lux
(b) Address 8305 Jackson St.

17. (a) Burial (b) Date thereof Aug. 21, 1945.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral
(b) Address 4828 Natural Bridge Blvd.

19. (a) 9-21-45 (b) E. G. McDaniel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th
year 1945 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from June 1
1943 to Aug. 18 1945
that I last saw him alive on Aug. 13 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Duration 10 minutes

Due to Coronary Disease 2 years
Atherosclerosis 15 years
Myocarditis 5 years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature M. E. Jones (M. D. or other) _____
Address 4000 Collins St. Date signed Aug 20/45

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

76

707

207 19 1945

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..... *John A. Minna*
Licensed Embalmer No..... *4186*
P. O. Address..... *St Louis 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, fact should be so stated above.