

FILED APR 24 1946
318

STANDARD CERTIFICATE OF DEATH

State File No. 15326

Registrar's No. 3131

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

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:
1922 Provenchere
(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 Missouri (b) County ooc
(c) City or town St. Louis 241-
(If outside city or town limits, write "RURAL")
(d) Street No. 1922 Provenchere
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Ferdinand Wieland

3. (b) If veteran, name war No 3. (c) Social Security No. 488-03-9063

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

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 24, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 8 8 hr. min.

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

10. Usual occupation Mangold Cooper Co.

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Elizabeth Wieland

(b) Address 1922 Provenchere Fl., St. Louis

17. (a) burial (b) Date thereof Apr. 4, '46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wacker-Keldub

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) APP 4, 1946 J. F. B. respect
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1946 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 20 1946
that I last saw him alive on 4/2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Due to Atherosclerosis

Other conditions: Diabetes

Major findings: 6/
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
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 work) _____
(e) Nature of injury _____

23. Signature [Signature] (M. D. _____)
Address 3157 1/2 Parkway Date signed 4/24/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14226

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 Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address Houston

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.