

FILED JUL 3 1946
318

Registration District No.

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town SAINT LOUIS:

(c) (Name of hospital, institution, or other place where death occurred) RES - 2944 EUCLID AVE.

(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 6000

(c) City or town SAINT LOUIS: (If outside city or town limits, write "RURAL") 17

(d) Street No. # 2944 EUCLID AVE. (If rural, give location) 9

(e) Citizen of foreign country? NO. (Yes or No) 10

If yes, name country _____

3. (a) PRINT FULL NAME FRANK H. WIELANDY

3. (b) If veteran, name war _____

3. (c) Social Security No. 491-16-8423

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 25th year 1946 hour 10:15 minute A. M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife NELL WIELANDY

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased APRIL 4 1868 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 18 1946 to June 25 1946, that I last saw him alive on June 25 1946, and that death occurred on the date and hour stated above.

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

78 2 21 _____ hr. _____ min.

Immediate cause of death Myelogenous Leukemia 3 mos.

9. Birthplace JEFFERSON CITY MISSOURI (City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation VICE-PRESIDENT

11. Industry or business BLACKWELL-WIELANDY CO.

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name JOHN F. WIELANDY

13. Birthplace ALSACE LORAIN FRANCE (City, town, or county) (State or foreign country)

14. Maiden name KATHERINE WAGNER

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant PAUL R. WIELANDY

(b) Address 2944 EUCLID AVE

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof JUNE 27/46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SAINT PETERS CEMETERY

(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? _____

18. (a) Signature of funeral director C. R. LUPTON & SONS

(b) Address 7233 DELMAR BLVD.

While at work? _____ (Specify type of place) (c) Means of injury _____

19. (a) JUN 26 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

23. Signature Arthur Sundloch (M. D. or other) MD.

Address 2202 University St. Date signed 6/27/46

Dr. William J. Munklach
2202 University St.
CE-3995
MS-12-2

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed Raymond L. Morris

..... Licensed Embalmer No. 4330

..... P. O. Address Maplewood

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.