

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED AUG 27 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2170

1. PLACE OF DEATH:

(a) County Missouri

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 1/2 Weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town University 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7049 Maryland Ave NB5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) No
If yes, name country _____

3. (a) PRINT FULL NAME Carl E.J. Wiegmann

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 19 1884
(Month) (Day) (Year)

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

61 11 1/2 27 hr. _____ min. _____

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

10. Usual occupation Accountant

11. Industry or business Self

12. Name Karl Wiegmann 4

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

14. Maiden name Katherine Eigemann

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

16. (a) Informant Louis Wiegmann

(b) Address 3915 Greer Ave

17. (a) Burial (b) Date thereof Aug 19 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Nat Bridge Blvd

19. (a) AUG 19 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 13
1946 to Aug 16 1946

that I last saw him alive on Aug 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial decompensation 1 Year
Heart disease

Due to _____ ?

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Arterial sclerosis heart disease, lung infarct.

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? Yes

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Herman M. Meyer (M. D. or other) MD
Address 508 N. Grand Date signed Aug 14 1946

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

MAX B. B. B.
1-5-11-11

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..... *Ralph Linders*
Licensed Embalmer No..... *4275*
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.