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7. 5-17-39  
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

32343

State File No.

FILED OCT 14 1946  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8490

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Dex Paul Hospital  
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis 96  
(c) City or town Baden Station  
(If outside city or town limits, write "RURAL")  
(d) Street No. Box 98, R.R. #3 N.R.O.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) /  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frederick W. Wiese

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. 333-03-2524

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

6. (b) Name of husband or wife Dena Wiese 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased November 20, 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>10</u>	<u>10</u>	hr. min.

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

10. Usual occupation Machinist

11. Industry or business Can Company

12. Name Fred Wiese 4

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

14. Maiden name Louisa Roethemeyer

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

16. (a) Informant Mrs. Dena Wiese

(b) Address Box 98, R.R. 3, St. Louis County, MO

17. (a) Cremation (b) Date thereof Oct. 4, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation: Valhalla Crematory

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

(b) Address 4828 Natural Bridge Blvd.

19. (a) OCT 2 1946 (Date received from registrar) J. F. Bredebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30th  
year 1946 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from 9/15/46 19 to 9/30/46 19  
that I last saw him alive on 9/27/46 19 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris 30 days  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 94  
(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)  
Means of injury \_\_\_\_\_

23. Signature G. F. Chopin (M. D. or other) 0  
Address 8321 N. Hwy Date signed 10/2/46

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**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. Mlinar*

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.**