

FILED JAN 7 1947

Registration District No.

318

Primary Registration District No.

Registrar's No.

10971

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:
Marian Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Fred. Wiesehan

3. (b) If veteran, name war..... 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 Virginia 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased: August 1st, 1887
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day.
59 4 16 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Shoe Worker11. Industry or business International Shoe Co.12. Name John Wiesehan13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Minnie Hendricks15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Edward Wiesehan(b) Address 2818 Texas, St. Louis, Mo.17. (a) burial (b) Date thereof Dec. 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St. Marcus Cemetery18. (a) Signature of funeral director Wacker-Heldt & K. Co.(b) Address 3634 Gravois, St. Louis, Mo.19. (a) DEC 21 1946 (b) J. F. Bredas
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3442 Oregon Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th
year 1946 hour 9 minute 32 P. M.21. I hereby certify that I attended the deceased from 12-16-46
_____, 19____, to 12-17-1946
that I last saw him alive on 12-17-1946
and that death occurred on the date and hour stated above.Immediate cause of death Coronary occlusion Duration 1 dayDue to 108
Due to 108Other conditions Lobar pneumonia Duration 1 day
(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 Oliver S. Jones (M. D. or other) MDAddress 3616 S. Broadway Date signed 12-20-46

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 Shaw Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.