

S. No. 2
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S-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16014
Registrar's No. 955

FILED MAY 8 1947
367

Registration District No. _____ Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7509 Florissant Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2000a E. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Selma Wieser

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Dr. Florian J. Wieser 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased October 22, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 4 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Huelskoetter
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Schlueter
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Florian J. Wieser

(b) Address 2000a E. Grand Ave

17. (a) Cremation (b) Date thereof 4/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair Ave

19. (a) 4-29-47 (b) ceula@sharps
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1947 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan. 1, 1946
_____, 19____, to Apr. 26, 1947
that I last saw her alive on Apr. 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 2 hrs.

Due to Coronary Heart Disease 2 yrs.

Due to Hypertensive Heart Disease 15 yrs.

Other conditions none 930
(Include pregnancy within 3 months of death)

Major findings: none Of operations none
Of autopsy none

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) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? no (Specify type of place) (e) Means of injury 0

23. Signature M. Staehle (M. D. or other) MD

Address 7124 Natural Bridge Date signed 4-27-47

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

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 W. Edward G. Bunsley
Licensed Embalmer No. 4202
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.