S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43738

FILED DEC 31 1947

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 2628

1. PLACE OF DEATH:
(a) County St. Louis County.
(b) City or town University City 5, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Res: 7835 Greensfelder. (If not in hospital or institution, write street number or location)
(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 St. Louis, 96
(c) City or town University City 5, (If outside city or town limits, write "RURAL") 3
(d) Street No. 7835 Greensfelder, (If rural, give location) 5
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Florence Austin Wiebe.
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 Widowed.
6. (b) Name of husband or wife Sharles H. Wiebe,
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased December (Month) 3, (Day) 1863. (Year)

8. AGE:	Years	Months	Days	If less than one day
	84.	0.	11.	..... hr. ..... min.

9. Birthplace Calcutta, (City, town, or county) India. (State or foreign country)
10. Usual occupation At Home.
11. Industry or business .....
FATHER
12. Name John Austin.
13. Birthplace Unknown. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary (Unknown).
15. Birthplace Unknown. (City, town, or county) (State or foreign country)
16. (a) Informant Fred A. Wiebe.
(b) Address 7835 Greensfelder Lane.
17. (a) Removal.. (Burial, cremation, or removal) (b) Date thereof 12/15/47. (Month) (Day) (Year)
(c) Place: burial or cremation Grand Island, Nebr.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,
19. (a) 12-20-47 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th, year 1947. hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown	
Due to	
Due to 200	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place) 0
While at work? ..... (e) Means of injury .....
23. Signature Cecil A. Sharp (M. D. ~~or other~~)
Address Comm. of Health Date signed 12-19-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, Me

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.