

FILED JUN 15 1948

Registrar's No. 1244

Registration District No. 267

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County: St. Louis
 (b) City or town: Manchester, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Manchester Nursing Home & Sanatorium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 3 months 9 days
 (Specify whether years, months or days)
 In this community: 3 months and 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri County: Jefferson
 (c) City or town: Desoto
 (If outside city or town limits, write "RURAL")
 (d) Street No.: RTA
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: George A. Wiegger

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: Widowed
 6. (b) Name of husband or wife: Nancy 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: August 25, 1875
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 8 19 hr. min

9. Birthplace: Washington Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter retired

11. Industry or business: _____

12. Name: John Wiegger

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

14. Maiden name: Paula Stansone

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

16. (a) Informant: Frieda M. Riethman

(b) Address: 5530a Louisiana

17. (a) _____ (b) Date thereof: _____
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Interden. St. L. Mo.

18. (a) Signature of funeral director: Stink

(b) Address: St. Louis, Mo.

19. (a) 5-17-48 (b) George A. Wiegger
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 14
 year: 1948 hour: 7:15 minute: P M.

21. I hereby certify that I attended the deceased from Feb 5, 1948 to May 13, 1948; that I last saw him alive on May 13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Ca of bladder
 Duration: 2 yrs

Due to: 32 hr

Due to: _____

Other conditions: _____
 (include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____

Of autopsies: _____
 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)

While at work? _____ (e) Means of injury: _____

23. Signature: St. Dennis (M. D. or other) _____

Address: Creve Coeur, Mo. Date signed: 5-14-48

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

MOTHER FATHER

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.....

Clawan Province

Licensed Embalmer No.....

3403

P. O. Address.....

Festus, 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.