

FILED SEP 17 1948

Registration District No. _____

Primary Registration District No. **3016**

1. PLACE OF DEATH:
(a) County **Cole**
(b) City or town **Jefferson City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Marys Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **JOHN M. WIENEKE**
3. (b) If veteran, name war **World War I** 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 **Josephine** 6. (c) Age of husband or wife if alive **50**
7. Birth date of deceased **March 17 1895**
(Month) (Day) (Year)

8. AGE: Years **53** Months **5** Days **21**
If less than one day hr. _____ min. _____

9. Birthplace **DEAN Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **STOREKEEPER**

11. Industry or business _____

MOTHER FATHER
12. Name **AUGUST WIENEKE**
13. Birthplace **MONTEAU Co. MO**
(City, town, or county) (State or foreign country)
14. Maiden name **CHARLOTTE MORRE**
15. Birthplace **MONTEAU Co. MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Josephine Wieneke**
(b) Address **Dean Mo**

17. (a) **BURIAL** (b) Date thereof **9-5-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **DEAN CEMETERY**

18. (a) Signature of funeral director **Louis D. Phillips**
(b) Address **Phillips Mo.**

19. (a) **9-4-48** (b) **R. G. Davis MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Miller**
(c) City or town **Dean**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **3**
year **1948** hour **11** minute **59 A.M.**

21. I hereby certify that I attended the deceased from **Aug 26**
19**45** to **Sept 3** 19**48**
that I last saw him alive on **Sept 3** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma lung primary site**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy **479**

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 **C**
23. Signature **Robert Taylor** (M. D. or other) **MO**
Address **Jefferson City Mo.** Date signed **9-4-48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9-8:48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 15 1948

SEP 24 1948

OCT 6 1948

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.....

Louis D. Phillips

Registered Apprentice No.....

working under my personal supervision.

Signed *Louis D. Phillips*

Licensed Embalmer No.....

3663

P. O. Address.....

Cedars

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.