

FILED SEP 24 1948 378

Registration District No. _____ Primary Registration District No. **1005**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3809 N. 22d Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **63 years**
years, months or days)

3. (a) PRINT FULL NAME **Louis Wiessmann**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elise Wiessmann**

6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **February 10 1868**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	7	3	hr. _____ min.

9. Birthplace **Bayern Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **Retired**

MOTHER { 12. Name **Unk. Wiessmann**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elise Wiessmann**

(b) Address **3809 N. 22d Street**

17. (a) **Burial** (b) Date thereof **9/16/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Suedmeyer & Son's**

(b) Address **3934 N. 20 Street**

19. (a) **SEP 14 1948** (b) **J. F. Budeck**
(Date received local 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. **3809 N. 22d Street**
20 (If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **13**
year **1948** hour _____ minute **5** P. M.

21. I hereby certify that I attended the deceased from **1946**
_____, 19____, to **Sept. 13**, 19____
that I last saw him alive on **Sept. 13**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **acute dilatation of heart**
Due to **Arteriosclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **99**

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

(Specify type of place) _____
While at work? _____ (g) Means of injury _____

23. Signature **Carl C. Ottersbach M.D.** (M. D. or other)
Address **1509 Bramm A1** Date signed **9/14/48**

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 *Neville B. Thudewetter*

Licensed Embalmer No. *3696*

P. O. Address. *3084 N. 20th ST.*

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.