

3000
10-47
17-39
I 3906

FILED OCT 23 1948

State File No.

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 22074

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Koch (rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 451 days
(Specify whether)

In this community Life
years, months or days

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. 212 South 6th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME WIAND, GEORGE JAMES

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20
year 1948 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from 6-27-47, 19... to 9-20-48, 19...
that I last saw him alive on 9-20-48, 19...
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Blanche Hoak Wiand

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

7. Birth date of deceased February 28 1886
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis

Due to 1948

Due to 13

8. AGE: Years Months Days If less than one day

62	6	23	hr. min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

Other conditions (include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name William Wiand

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

14. Maiden name Margaret McGinnis

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

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?

16. (a) Informant Hospital Records

(b) Address Robert Koch Hospital

17. (a) Cremation (b) Date thereof 9/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) 9-20-48 (b) Cecilia J. Supp
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(c) Means of injury Police

23. Signature Robert Koch Hospital (M. D. or other)

Address Robert Koch Hospital Date signed 9/20/48

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.
P. O. Address St. Louis, 18, Missouri,

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.