

No. 300
10-47
5-17-39
P 1 3906

#43743
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38784
State File No. _____
Registrar's No. 10134

Registration District No. 318 Primary Registration District No. 100's Date of Death Nov. 20 1948

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution 3 weeks
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 447 N. Sarah St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME William Wiemeyer
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 20th
year 1948 hour 6 minute 10 P.M.
21. I hereby certify that I attended the deceased from 11/4/48
to Nov. 20th 1948
that I last saw him alive on Nov. 20th 1948
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, Mary
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased May 26 1875

Immediate cause of death pulmonary tuberculosis, far advanced
Duration 17 yr.
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 1/2 hr

8. AGE: Years 73 Months 5 Days 24
If less than one day hr. min.

9. Birthplace St. Louis Missouri
10. Usual occupation Retired

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name John W. Wiemeyer
13. Birthplace Germany
14. Maiden name Anilla Appleton
15. Birthplace St. Louis Missouri

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mrs. Mary Wiemeyer
(b) Address 447 N. Sarah St.
17. (a) Cremation (b) Date thereof 11-23-48
(c) Place: burial or cremation Valhalla Crematory

23. Signature Frank J. [unclear] M.D.
Address 1515 Lafayette 11/22/48
Date signed _____

18. (a) Signature of funeral director Math. Hermann & Son, Inc.
(b) Address 2161 E. Fair Ave
19. (a) NOV 23 1948 (b) J. B. Rosater
(Date received local registrar) (Registrar's signature)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Walter J. Burnsley

Licensed Embalmer No.

4302

P. O. Address

St. Louis, 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.