

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14290
State File No. 3753
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton			
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine Heitkamp Hosp.				d. STREET ADDRESS (If rural, give location) 6732 Bonnie Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Nola			b. (Middle) Wiegert			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) Apr. 26, 1949		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Feb. 6, 1902		9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing Mach. Oper.		10b. KIND OF BUSINESS OR INDUSTRY Banner Maid Co.	
11. BIRTHPLACE (State or foreign country) Belmont, Mississippi				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME Joseph Gamble			13b. MOTHER'S MAIDEN NAME Mary Yarbarough			14. NAME OF HUSBAND OR WIFE Fred Wiegert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Wiegert - 6732 Bonnie Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Puscular appendicitis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTELLECT BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION 4-22-49		19b. MAJOR FINDINGS OF OPERATION Puscular appendicitis & Rt. Femoral Hernia				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 121			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 537-0			
22. I hereby certify that I attended the deceased from 4-22-49 , to 4/26 , 1949, that I last saw the deceased alive on 4-22 , 1949, and that death occurred at 6:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter J. Lane M.D.				23b. ADDRESS 435 Virginia		23c. DATE SIGNED 4/26/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4/27/49		24c. NAME OF CEMETERY OR CREMATORY Corinth, Miss.		24d. LOCATION (City, town, or county) (State) Corinth, Mississippi	
DATE REC'D BY LOCAL REG. APR 27 1949		REGISTRAR'S SIGNATURE J. B. Fosater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral U.Co. 1905 Union			

NR.
537-0

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

RAILWAY

ml

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Warren A. Carver

Signed _____
Student Embalmer

Licensed Embalmer No. 3530

P. O. Address _____

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.