

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26580

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5425 Registrar's No. 14

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boeuf</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BOEUF</u> <u>36</u>	
c. LENGTH OF STAY (In this place) <u>Alk</u>		d. STREET ADDRESS (If rural, give location) <u>NEW HAVEN MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>SIMON</u> c. (Last) <u>WIEMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 30 49</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Jan 9-1960</u>	9. AGE (In years last birthday) <u>89</u>	10. MONTHS <u>7</u> DAYS <u>21</u> HOURS _____ MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Hoboken Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Simon Wiemann</u>	13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>	14. NAME OF HUSBAND OR WIFE <u>Lyla Wiemann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Udo Wiemann</u> ADDRESS <u>New Haven Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Don't know but at least 2 years.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		334X	

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from 4/27, 1947, to 8/30, 1949, that I last saw the deceased alive on 8/28, 1949, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. P. Eisenmann M.D.</u>	23b. ADDRESS <u>New Haven Mo</u>	23c. DATE SIGNED <u>8/31/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>8-1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EVANG CEM</u>	24d. LOCATION (City, town, or county) (State) <u>NEW HAVEN MO</u>
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DATE REC'D BY LOCAL REG. <u>Aug 31-49</u>	REGISTRAR'S SIGNATURE <u>Jeffie Trammann</u> <u>98</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lois Postle</u> ADDRESS <u>Don New Haven</u>
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(Licensed Embalmer's Statement on Reverse Side)

District File Number _____
District Health Officer No. 9,
RECEIVED SEP 7 1919

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.

Student
Student Embalmer

Signed

Earl Fertig

Licensed Embalmer No. _____

3385

P. O. Address _____

Yorktown 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.