.S. No. 300
EV. 10-48

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39435

State File No. 9736

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: [illegible]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
d. STREET ADDRESS (If rural, give location): 4949 Delor

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): F
c. (Last): Wigand Sr.

4. DATE OF DEATH (Month) (Day) (Year): Nov 10, 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 13, 1887
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): St Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Fred Wigand
13b. MOTHER'S MAIDEN NAME: not known
14. NAME OF HUSBAND OR WIFE: Florence Wigand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW#1
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Florence Wigand — ADDRESS: 4949 Delor

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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.

19a. DATE OF OPERATION: Nov 9-1949
19b. MAJOR FINDINGS OF OPERATION: Mesenteric Thrombosis - with gangrene of intestines
20. AUTOPSY? YES ☑ NO ☐

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): 99
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 5702

22. *I hereby certify that I attended the deceased from* Nov 8, 1949, *to* Nov 10, 1949, *that I last saw the deceased alive on* Nov 9, 1949, *and that death occurred at* 12:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): St Louis Schuchat MD
23b. ADDRESS: 2200 Chouteau ave
23c. DATE SIGNED: 11-10-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11/12/49
24c. NAME OF CEMETERY OR CREMATORY: N Picker Cemetery
24d. LOCATION (City, town, or county) (State): St Louis, Mo.

DATE REC'D BY LOCAL REG.: NOV 12 1949
REGISTRAR'S SIGNATURE: J B Lasater J
25. FUNERAL DIRECTOR'S SIGNATURE: L Ziegenhein & Sons — ADDRESS: 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 1949

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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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 1027 Gravois

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.