S. No. 300
v. 10.48

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

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11272

State File No. 2956

BIRTH NO. 18626-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pevely, Missouri 0500
d. STREET ADDRESS (If rural, give location): Route 1 1

3. NAME OF DECEASED (Type or Print)
a. (First): Mathew
b. (Middle):
c. (Last): Wiesner

4. DATE OF DEATH (Month) (Day) (Year): 3-27-50

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0

8. DATE OF BIRTH: 3-26-50

9. AGE (In years last birthday): If under 1 year: Months; Days 1; If under 24 hrs.: Hours 3; Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): St. Louis Mo. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Andy Wiesner

13b. MOTHER'S MAIDEN NAME: Anna Roth

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Anna Wiesner
ADDRESS: Rt. #1, Pevely, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Non expansion of lung — INTERVAL BETWEEN ONSET AND DEATH

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:

19b. MAJOR FINDINGS OF OPERATION:

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): 7/20

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 26, 1950, *to* Mar 27, 1950, *that I last saw the deceased alive on* Mar 27, 1950, *and that death occurred at* 10:27 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leroy E. Ellison MD

23b. ADDRESS: 3610 S. Broadway

23c. DATE SIGNED: 3-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 29, 1950

24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem.

24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: MAR 29 1950

REGISTRAR'S SIGNATURE: J. B. Sanders

25. FUNERAL DIRECTOR'S SIGNATURE: Gebken-Benz Mortuary
ADDRESS: 2842 Meramec St. St. Louis, 18, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

*** NO EMBLAMING *** Signed.....

Licensed Embalmer No.....

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.