

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 22139
Registrar's No. 5489

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 22139		Registrar's No. 5489					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.			c. LENGTH OF STAY (in this place) 10 yrs.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2179				
d. FULL NAME OF HOSPITAL OR INSTITUTION Friscoe Hosp.				d. STREET ADDRESS (If rural, give location) 4960 Laclede									
3. NAME OF DECEASED (Type or Print) FRED			a. (First)		b. (Middle) WM.		c. (Last) WIEHE		4. DATE OF DEATH (Month) (Day) (Year) June 22nd 1950				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH Oct. 27, 1889		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 7 Days 25		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher				10b. KIND OF BUSINESS OR INDUSTRY Frisco Hosp.		11. BIRTHPLACE (State or foreign country) St. Louis Mo.			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Charles H. Wiehe				13b. MOTHER'S MAIDEN NAME Lena Korte				14. NAME OF HUSBAND OR WIFE (late) Lena Wiehe					
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. 489-07-4835		17. INFORMANT'S SIGNATURE OR NAME Mrs Louise Haag ADDRESS Richmond Heights							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Hemorrhage DUE TO (c) Pulmonary Tuberculosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
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) _____					
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? 052X									
22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ 400 P. m., from the causes and on the date stated above.													
23a. SIGNATURE _____ (Degree or title)						23b. ADDRESS 1300 Clark			23c. DATE SIGNED 6/24/50				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/26/50		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.			24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.						
DATE REC'D BY LOCAL REG. JUN 24 1950		REGISTRAR'S SIGNATURE J. B. Pasater				25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith		ADDRESS 7450 Manchester Rd. Maplewood, Mo.					

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

[Handwritten signature]

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

J. Allen Davis Jr

Signed.....
Student Embalmer

Licensed Embalmer No. 4053

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.