

No. 300
10-48

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32264**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2231**

1. PLACE OF DEATH a. COUNTY St. Louis		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) Vigus		c. LENGTH OF STAY (in this place) 75 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home		d. STREET ADDRESS (If rural, give location) at home	

3. NAME OF DECEASED (Type or Print)	a. (First) Louise	b. (Middle) Elizabeth	c. (Last) Weseloh	4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 12, 1858	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (State or foreign country) New Minden, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Tiemaier	13b. MOTHER'S MAIDEN NAME Christine Maschmeyer	14. NAME OF HUSBAND OR WIFE Claus Dad.
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Henry Weseloh Vigus, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2-fibrillation DUE TO (c) Seuil arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4-2-21

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1950	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) (Min.)	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 **July 1, 1950**, to **Sept 19, 1950**, that I last saw the deceased alive on **Sept 1, 1950** and that death occurred at **7:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Ed Denny M.D.	(Degree or title)	23b. ADDRESS Creve Coeur, Mo	23c. DATE SIGNED 9-20-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-21-1950	24c. NAME OF CEMETERY OR CREMATORY Zion Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) Maryland Heights, Mo.
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DATE REC'D BY LOCAL REG. 9-20-50	REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Baumann Bros Inc	ADDRESS 2504-Woodson Rd-Overland-14-Mo.
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RWR (Licensed Embalmer's Statement on Reverse Side)

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

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.....
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 2039

P. O. Address Overland 14 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.