

STANDARD CERTIFICATE OF DEATH

3142

FILED JAN 19 1951

State File No.

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u> <u>2179</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4107 S BOTANICAL AVE</u>		STREET ADDRESS (If rural, give location) <u>4107 S BOTANICAL AVE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLEMENT</u> b. (Middle) <u>JULIUS</u> c. (Last) <u>WIEGAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-3-51</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 20-1883</u>
9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 12 HRS. Hours <u>13</u>	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GLOBE-DEMOCRAT</u>	11. BIRTHPLACE (State or foreign country) <u>LOUISVILLE - KY</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>JOHN WIEGAND</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HEILMAN</u>	14. NAME OF HUSBAND OR WIFE <u>ANTOINETTE-WIEGAND</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-07-7087A</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Antoinette Wiegand 4107 S Botanical</u>
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) <u>Cancer vascular origin</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer surgery of antioestrogens</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anterior pharynx</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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? <u>153X</u>	
22. I hereby certify that I attended the deceased from <u>June 1, 1949</u> to <u>Jan 3, 1951</u> , that I last saw the deceased alive on <u>Jan 3, 1951</u> and that death occurred at <u>H.A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Quinn Ross M.D.</u>		23b. ADDRESS <u>1918 East Grand</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 6 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 4 1951 JTB Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm J. Robert Liny & Wm C. 1905 S. Grand Blvd.</u>	

Smith

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 *J. Allen Davis Jr*

Licensed Embalmer No. *4053*

P. O. Address *St Louis 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.