No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6961

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 432

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood
c. LENGTH OF STAY (In this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7216 Anna Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood
d. STREET ADDRESS (If rural, give location): 7216 Anna Ave.

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3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): W.
c. (Last): WIEGAND

4. DATE OF DEATH (Month) (Day) (Year): 2-13-1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-22-1875
9. AGE (In years last birthday): 76 — If under 1 year: Months 0 Days 16 — If under 24 hrs.: Hours ___ Min. ___

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

13a. FATHER'S NAME: John A. Wiegand
13b. MOTHER'S MAIDEN NAME: Sarah Stevenson
14. NAME OF HUSBAND OR WIFE: Winifred Huff Wiegand

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.: 489-01-1307A
17. INFORMANT'S SIGNATURE OR NAME: Wilber H. Wiegand — **ADDRESS**: 4725 Pennsylvania St. Louis, Mo.

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: about 1 month

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypertrophy of Prostate — about 3 yrs

DUE TO (c) Chronic Myocardial condition — 5 yrs.

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: No operation 4222
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)

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* 15 yrs ago 19__, *to* _____, *19*____, *that I last saw the deceased alive on* 2/8/51, *19*____, *and that death occurred at* Home 9A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Floyd Stewart O M D
23b. ADDRESS: Chemical Bldg.
23c. DATE SIGNED: 2/14/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-15-1951
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Ceme.
24d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.: 2/15/51
REGISTRAR'S SIGNATURE: Herbert A. Donks M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Jay B. Smith, Maplewood 17, 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.

Signed H E Burgess

Signed _____
Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.