

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14895**

Registrar's No. **3452**

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|--|-------------------------------|---|---|--|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 3452 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | | c. LENGTH OF STAY (In this place) 2 Weeks | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital | | | | STREET ADDRESS (If rural, give location) 1121a E. Grand Avenue, 7.0 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Edna | | b. (Middle) H. | | c. (Last) Wiese | | 4. DATE OF DEATH (Month) (Day) (Year) April 12th, 1951 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH August 4th, 1897 | 9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Richard Mebus | | 13b. MOTHER'S MAIDEN NAME Sophie Koch | | 14. NAME OF HUSBAND OR WIFE Late Henry H. Wiese | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY (If yes, give war or dates of service) None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth H. Wiese, 1121 E. Grand Avenue (7) | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____ | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH Feb. 1, 1950 | |
| *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) Adenocarcinoma of Rt. Ovary | | | | Apr. 1948 | |
| | | 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 Adenocarcinoma of Sigmoid Colon Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION Both tumors found at operation, diagnosis by cell study of slides | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 152X | | | |
| 22. I hereby certify that I attended the deceased from Apr. 5, 1948 , to Apr. 12, 1951 , that I last saw the deceased alive on April , 1951, and that death occurred at 3:20 Am. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Hiram L. Heggert | | | (Degree or title) M.D. | | 23b. ADDRESS 3720 Washington Blvd. St. Louis 8 | | 23c. DATE SIGNED 4/12/51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4/14/51 | 24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | |
| DATE REC'D BY LOCAL REG. APR 12 1951 | | REGISTRAR'S SIGNATURE J. B. Rasmussen | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd. | | | |

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

M.L.

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 *John A. Mlenar*

Licensed Embalmer No. *4186*

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.