

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21096

State File No. ....

FILED JUL 14 1951

BIRTH NO. _____		REG. DIST. NO. <u>306</u>		PRIMARY REG. DIST. NO. <u>6048</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> )			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cottleville</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cottleville</u>		<u>0970</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u>			b. (Middle) <u>Stephens</u>		c. (Last) <u>Wies</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1951</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 15, 1907</u>		9. AGE (In years) <u>43</u>	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) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>St. Peters, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Wies</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Ochs</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Wies</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>486-14-4405</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Wies, Cottleville, Mo.</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>Multiple Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>over 1 year</u>  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 <u>Hypertensive Cardiovascular Disease</u> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>345x</u>		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?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>50</u> , to <u>July 3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>July 3</u> , 19 <u>51</u> , and that death occurred at <u>7:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John L. Kueger, M.D.</u>				23b. ADDRESS <u>O'Fallon, Missouri</u>		23c. DATE SIGNED <u>6 July 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cottleville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-6-51</u>		REGISTRAR'S SIGNATURE <u>E. A. Keethly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo Stiefvater</u>		ADDRESS <u>St. Peters, Mo.</u>	

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

File No.  
DISTRICT HEALTH OFFICE No. 4

JUL - 9 1951

RECEIVED

AUG 8 1951

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 *E. A. Keethly*

Licensed Embalmer No. *874*

P. O. Address *Dallas M*

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.