

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39915

State File No. _____

FILED DEC 15 1951

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10855

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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 town OR TOWN St. Louis,		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) 16 TOWN St. Louis, 2169		d. STREET ADDRESS (If rural, give location) 3409 Pestalozzi St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3409 Pestalozzi St.,							
3. NAME OF DECEASED (Type or Print) a. (First) Adolph b. (Middle) C. c. (Last) Wiget,			4. DATE OF DEATH (Month) (Day) (Year) December 6, 1951.				
5. SEX Male, D	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,	8. DATE OF BIRTH March 27, 1885		9. AGE (In years last birthday) 66	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) Broker,		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri, U		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Xavier Wiget,			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Louise Wiget		
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louise Wiget, 3409 Pestalozzi St.,			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</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 Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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? 4250			
22. I hereby certify that I attended the deceased from <u>4-1, 1943, to 12-6, 1951</u> , that I last saw the deceased alive on <u>12-5, 1951</u> , and that death occurred at <u>6:10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>P.V. Brown M.D.</u>		23b. ADDRESS <u>2767^a Park Ave</u>			23c. DATE SIGNED <u>12-7-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		24b. DATE <u>12/10/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cemetery, St. Louis, Mo.</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D. BY LOCAL REG. DEC 7 1951		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</u>			

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

(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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Joe E. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.