

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11166

State File No. _____

U.S. No. 300
10. FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 785

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Richmond Heights township)		c. LENGTH OF STAY (in this place) 1 year	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1426 Woodland		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights 11185	
		d. STREET ADDRESS (If rural, give location) 1426 Woodland	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle)	c. (Last) Wieland	4. DATE OF DEATH (Month) (Day) (Year) March 22 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-10-1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 1 WEE. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer (retired)	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Pekin, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob Wieland	13b. MOTHER'S MAIDEN NAME Catherine	14. NAME OF HUSBAND OR WIFE Ida Anstedt Wieland
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Ida Wieland 1426 Woodland Hts. St. Louis Co. Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Lung R		INTERVAL BETWEEN ONSET AND DEATH 7 yr.
	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"/>
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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) 16.3X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept., 1951, to March, 1952, that I last saw the deceased alive on March, 1952, and that death occurred at 5 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 208 N Grand	23c. DATE SIGNED 3-24-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-25-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Belleville Ill.
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DATE REC'D BY LOCAL REG. 3-24-52	REGISTRAR'S SIGNATURE Herbert R. Domke MD	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 2525 State E. St. Louis Ill
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SW (Licensed Embalmer's Statement on Reverse Side)

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

508 N. Grand

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3162

P. O. Address E. S. Harris Ill

Not Embalmed

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.