

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18750**

FILED JUN 7 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1404

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 4356</u>	
c. LENGTH OF STAY (in this place) <u>7 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>7372 Liberty Dr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7372 Liberty Dr</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harold</u>	b. (Middle) <u>P</u>	c. (Last) <u>Wiese</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1952</u>
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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>Apr 4, 1892</u>	9. AGE (In years last birthday) <u>60</u>	10. MONTHS <u></u>	11. DAYS <u></u>	12. HOURS <u></u>	13. MINS. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Credit Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Burlington Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>not known</u>	13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>Novelle Wiese</u>
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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>488-10-9486</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Novelle Wiese</u>	ADDRESS <u>7372 Liberty</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum with Metastasis</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 <u>Sept 5/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rectum & Colostomy 154X</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 9/2, 1949 to 5/27, 1952; that I last saw the deceased alive on _____, 19____, and that death occurred at 9:55P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Fred. Wm. Fisher MD</u>	23b. ADDRESS <u>3201 Washington</u>	23c. DATE SIGNED <u>MAY 28 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/31/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-30-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenhein & Sons</u>	ADDRESS <u>7027 Gravois</u>
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SW (Licensed Embellisher's Statement on Reverse Side)

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

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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 *Mervill B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *7027 Garrows*

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.