

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21641**  
Registrar's No. **13**

FILED JUL 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **6048**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cottleville Dardenn</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cottleville</b>	
c. LENGTH OF STAY (in this place) <b>10 yrs</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>Bernard</b>	a. (First)	b. (Middle)	c. (Last) <b>Wies</b>	4. DATE OF DEATH <b>7-1-52</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>5-12-1901</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 1 YEAR Days <b>19</b>	IF UNDER 1 HR. Hours <b>19</b>	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Day laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Building Industry</b>	11. BIRTHPLACE (State or foreign country) <b>St. Peters, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph Wies</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Ochs</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>487-18-1971</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Pauline Wies, Cottleville, Mo</b>	ADDRESS <b>Miss Pauline Wies, Cottleville, Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b>	DUE TO (b) <b>Malignant Hypertension</b>		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <b>Cardiovascular atherosclerosis</b>		
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 <b>440 X</b>	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) (Min.)	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 **May 5**, 19**52**, to **July 1**, 19**52**, that I last saw the deceased alive on **July 1**, 19**52**, and that death occurred at **11 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>George R. Loeckel, M.D.</b>	(Degree or title)	23b. ADDRESS <b>St. Louis, Mo.</b>	23c. DATE SIGNED <b>July 2, 1952</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-4-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cottleville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 4 - 52</b>	REGISTRAR'S SIGNATURE <b>E. A. Keitler</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Geo. Steffert</b>	ADDRESS <b>St. Peters, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

920

0920

**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 No. ....

Signed \_\_\_\_\_

*E. Keithy*

Licensed Embalmer No. *822*

P. O. Address *Fuller 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.