

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **15244**

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James, Mo.		c. LENGTH OF STAY (In this place) _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus, Missouri 1502	
d. FULL NAME OF HOSPITAL OR INSTITUTION Soldiers Home Hospital		d. STREET ADDRESS (If rural, give location) 602 N. Mill, St.	

3. NAME OF DECEASED (Type or Print) Frederick ***** Wiese			4. DATE OF DEATH (Month) (Day) (Year) Apr. 19 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 21 1875	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 4 Days 28	IF UNDER 1 YEAR Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry W. Wiese		13b. MOTHER'S MAIDEN NAME Katherine Drever		14. NAME OF HUSBAND OR WIFE Myrtle E. Wiese	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes; Spanish Amer.		16. SOCIAL SECURITY NO. 489 28 0064		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle E. Wiese (Wife) Festus, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 3 weeks
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebrovascular Accident					(b) Cardiac Hemorrhage
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____					

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4343			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) _____		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 April 17, 1953 to April 19, 1953, that I last saw the deceased alive on April 19, 1953, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James W. Gifford M.D.		23b. ADDRESS St. James, Mo.		23c. DATE SIGNED 4/23/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/23/53		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James R. Cady Crystal City, Mo.			
DATE REC'D BY LOCAL REG. 4-20-53		REGISTRAR'S SIGNATURE Ruth B. Powell			

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

JUN 25 1953

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 *C. Jesse Gahr*

Licensed Embalmer No. *4486*

P. O. Address *St. James, 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.