

STANDARD CERTIFICATE OF DEATH 605 / State File No. 19080

FILED JUN 8 1953

BIRTH NO.		REG. DIST. NO. 310	PRIMARY REG. DIST. NO. 3058	Registrar's No. 127
1. PLACE OF DEATH a. COUNTY St. Charles 09205		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio b. COUNTY Mansfield 8340		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (in this place) 33 Years	c. CITY OR TOWN Mansfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Evangelical Emmaus Home		e. STREET ADDRESS (If rural, give location) 188 E. Arch		
3. NAME OF DECEASED (Type or Print) ROSA		a. (First)	b. (Middle)	c. (Last) WIEGAND
4. DATE OF DEATH		(Month) May	(Day) 29	(Year) 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH December 12, 1874	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housemaid		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Mansfield, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wiegand		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Theophil Stoerker, St. Charles, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epilepsy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Am Act sclerotic. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 50 yrs. 20 yrs.
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)	3533
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?	
22. I hereby certify that I attended the deceased from May 20, 1953, to May 29, 1953, that I last saw the deceased alive on May 29, 1953, and that death occurred at P.M., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) A P Erich Rehnke M.D.		23b. ADDRESS 88 Charles Mo.		23c. DATE SIGNED May 29, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 30, 1953	24c. NAME OF CEMETERY OR CREMATORY Mansfield Cemetery	24d. LOCATION (City, town, or county) Mansfield, Ohio (State)	
DATE REC'D BY LOCAL REG. May 30, 1953	REGISTRAR'S SIGNATURE Francis Zbuzicki	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ashman, Rose, St. Charles, Mo.		

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.....
Signature of Student Embalmer

Signed *Clarence M. Billo*.....

Licensed Embalmer No. *437*.....

P. O. Address *St. Charles*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.