

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41380**
Registrar's No. **11226**

FILED DEC 7 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|--|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (In this place) Years: 9 | | e. STREET ADDRESS 4474a Clarence Avenue, | | 2098 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4474a Clarence Ave. | | f. (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) OSCAR | b. (Middle) F. | c. (Last) WIELAND | November 26, 1953 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 27, 1875 | 9. AGE (In years last birthday) 78 | # UNDER 1 YEAR Months Days |
| # UNDER 1 YEAR Months Days | # UNDER 1 YEAR Hours Min. | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Operator for Public Service | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Dutzow, Missouri, | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Gustav Wieland | | 13b. MOTHER'S MAIDEN NAME Eliza Roemer | | 14. NAME OF HUSBAND OR WIFE Mrs. Mary Wieland | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mary Wieland, 4474a Clarence Ave. | | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Arterio Sclerosis 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 4201 | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 p. m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Patric E. Taylor | | Degree or title) Coroner | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 11.27.53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Nov. 30, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | |
| DATE REC'D BY LOCAL REG. NOV 27 1953 | REGISTRAR'S SIGNATURE J. Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son, Inc. 2161 E. Fair Ave. | | |

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

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 *Allen W. Hay*

Licensed Embalmer No. *373*

P. O. Address *St. Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.