No. 300
10.48

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14257

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2873

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 24 3615 California 2249

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): J.
c. (Last): WIESEHAN

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: June 19, 1880
9. AGE (In years last birthday): 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Landscape Gardener
10b. KIND OF BUSINESS OR INDUSTRY: Landscaping
11. BIRTHPLACE (City and State or Foreign Country): Germany
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Gerhard Wiesehan
13b. MOTHER'S MAIDEN NAME: –
14. NAME OF HUSBAND OR WIFE: Ida Wolters Wiesehan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): – (If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: –
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: George E. Wiesehan, 3615 California 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis; Burns of Left Leg; suffered in fire

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ~~ye shack at 3636 South~~ Grand Ave., about 600 am

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Dec 23, 1953.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Accident
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.): Shack
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 23 53 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: E916.0

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 1305 A.M., from the causes and on the date stated above.* 16

23a. SIGNATURE (Degree or title): Patrick Claylor Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 3.30.54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 1, 1954
24c. NAME OF CEMETERY OR CREMATORY: Our Redeemer Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: MAR 30 1954
REGISTRAR'S SIGNATURE: J. Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Beiderwieden F.H.Inc., 1936 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....None.....
Signature of Student Embalmer

Signed.....Felix J. Kuspin

Licensed Embalmer No.....34

P. O. Address.....St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.