

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

State File No. **14714**

No. 300
10.48
1090

FILED APR 30 1954

BIRTH NO. _____ REG. DIST. NO. **36** ✓ PRIMARY REG. DIST. NO. **4531** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wright City	
c. LENGTH OF STAY (If in place) 2 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION: McRae Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Fred c. (Last) Wiemer			4. DATE OF DEATH (Month) (Day) (Year) April 16 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Dec 16 1878		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days 0 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Leather Shop		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Warren Co MO	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME John Wiemer		13b. MOTHER'S MAIDEN NAME Catherine Kamp		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. No		17. INFORMANT'S SIGNATURE OR NAME Irwin Klausmeier	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning			INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			Years	
		Due to (b) Chronic Nephritis				
		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		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)	
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 4-23-52, 19__, to 4-16-54, 19__, that I last saw the deceased alive on 4-16-54, 19__, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>A. H. MacRae</i>		23b. ADDRESS Warrenton, Missouri		23c. DATE SIGNED 4-19-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4/19/54		24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Nieburg Furn & Und Co			
24e. DATE REC'D BY LOCAL REG. 4-19-54		REGISTRAR'S SIGNATURE <i>Lloyd Logan</i>		ADDRESS Wright City Mo.	

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

MAY 6 19

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, ~~of~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Julius J. Fieburg*

Licensed Embalmer No. *3366*

P. O. Address *Wright City, 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.