

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36125**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9105**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>ST. LOUIS, MISSOURI</b>		c. CITY OR TOWN <b>Memphis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>105 So. Lincoln St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>CHAUNCEY</b>		b. (Middle) <b>J.</b>	
c. (Last) <b>WIEGNER</b>		c. (Last) <b>WIEGNER</b>	
4. DATE OF DEATH <b>October 5, 1954</b>		5. SEX <b>Male</b> 0	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Jan. 12, 1891</b>		9. AGE (In years last birthday) <b>63</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lumberman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Wyconda, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Theo. H. Wiegner</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Schiesle</b>	
14. NAME OF HUSBAND OR WIFE <b>Irene Wiegner</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	
16. SOCIAL SECURITY NO. <b>Unk.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Irene Wiegner, Memphis, Mo.</b>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Tumor (primary site)</b> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 2. 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>193x</b>		22. I hereby certify that I attended the deceased from <b>10-1-</b> , 1954, to <b>10-5-</b> , 1954, that I last saw the deceased alive on <b>10-5-</b> , 1954, and that death occurred at <b>7:00P m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>B. V. Brailley, M. D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>	
23c. DATE SIGNED <b>10-6-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>Oct. 6, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	
24d. LOCATION (City, town, or county) (State) <b>Memphis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	
DATE REC'D BY LOCAL REG. <b>OCT 7 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>4700 Washington.</b>		25. FUNERAL DIRECTOR'S ADDRESS <b>4700 Washington.</b>	

(Licensed Embalmer's Statement on Reverse Side)

APR 19 1955

APR 29 1957  
MAR 26 1957

APR 18 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, ~~or by~~....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elmer R. Godwell*.....

Licensed Embalmer No. 4.....

P. O. Address *H. Low*.....

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.