

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14030**
Registrar's No. **3477**

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

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

1. PLACE OF DEATH a. COUNTY Missouri		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		c. CITY OR TOWN St Louis	
c. LENGTH OF STAY (In this place) 8y12da		d. In 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 Chronic Hospital		STREET ADDRESS (If rural, give location) 13 5600 Arsenal	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) _____ c. (Last) Wiegand		4. DATE OF DEATH (Month) (Day) (Year) 4 18 55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 4/1/1880
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	11. BIRTHPLACE (City and State or Foreign Country) LOUISVILLE KENTUCKY
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS SCREW	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME John Wiegand		13b. MOTHER'S MAIDEN NAME Mary Heilman	14. NAME OF HUSBAND OR WIFE PAULINE WIEGAND (DEC'D)
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. 406-14-9408	17. INFORMANT'S SIGNATURE OR NAME Chronic Hospital, 5600 Arsenal ADDRESS _____
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 5 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Generalized Arteriosclerosis years	
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? 4201			
22. I hereby certify that I attended the deceased from 3/6/1947 , to 4/18 , 19 55 , that I last saw the deceased alive on 4/18 , 19 55 , and that death occurred at 8:45 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE Georg Esker M.D.		23b. ADDRESS 5600 Arsenal St.	
23c. DATE SIGNED APR 19 1955			
24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL		24b. DATE APR 20 1955	
24c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.	
DATE REC'D BY LOCAL REG. APR 19 1955		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Rutes 7906 ADDRESS _____	

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.....
James C. Hill

Licensed Embalmer No. *434*

P. O. Address *2906*

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.