

FILED SEP 12 1955 STANDARD CERTIFICATE OF DEATH

State File No. 27347
Registrar's No. 185

BIRTH NO. _____		REG. DIST. NO. 910		PRIMARY REG. DIST. NO. 3054		Registrar's No. 185	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Peters,		0920/	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1616 So. Fourth St.				d. STREET ADDRESS (If rural, give location) 1/2 mile south St. Peters			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) M. c. (Last) Wiechens			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1955				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 27, 1868	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 7 Days 10	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) St. Peters, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Zerr		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Frank H. Wiechens			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jos. Wiechens, RR4, St. Charles, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9-I Hemorrhage Severe ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) gen. arterio sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Conjunctive Heart Failure					INTERVAL BETWEEN ONSET AND DEATH 1 day 10 yrs 1 month	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 450P					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 8-28-55 , to 9-6-55 , that I last saw the deceased alive on 9-5-55 , 10-13 and that death occurred at 3:10 P m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) M.D.			23b. ADDRESS St. Charles, Mo.			23c. DATE SIGNED September 9 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE # 9-9-55	24c. NAME OF CEMETERY OR CREMATORY All Saints		24d. LOCATION (City, town, or county) (State) St. Peters, Mo.		
DATE REC'D BY LOCAL REG. Sept 9 1955		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS St. Peters Mo	

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

NOV 19 1968

NOV 20 1968

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
Student Embalmer

Signed Earl Keithly

Licensed Embalmer No. 877

P. O. Address Dallas

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.