

FILED MAR 5 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7394**
Registrar's No. **1482**

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

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4724 Eichelberger Ave.** e. STREET ADDRESS (If rural, give location) **4724 Eichelberger**

3. NAME OF DECEASED (Type or Print) a. (First) **AUGUST** b. (Middle) _____ c. (Last) **WIESNER** 4. DATE OF DEATH (Month) (Day) (Year) **Feb. 10 1956**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower** 8. DATE OF BIRTH **May 1, 1876** 9. AGE (In years last birthday) **79** 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) **Welder-Standar Conveyor Co.** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Ukraine (Germany)** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Frederich Weisner** 13b. MOTHER'S MAIDEN NAME **Katherine Sorge** 14. NAME OF HUSBAND OR WIFE **Late Juliana Wiesner**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **No** 16. SOCIAL SECURITY NO. **474-10-5648** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Rudolph Wiesner 4724 Eichelberger**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of the esophagus** INTERVAL BETWEEN ONSET AND DEATH **1 1/2 yrs.**
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
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.

19a. DATE OF OPERATION **11-55** 19b. MAJOR FINDINGS OF OPERATION **Gastrostomy** 20. AUTOPSY? YES NO

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) **150X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Nov**, 19**55**, to **Feb.**, 19**56** that I last saw the deceased alive on **Feb. 10**, 19**56**, and that death occurred at **7:30A** m., from the causes and on the date stated above.

23a. SIGNATURE **L. H. O'Neal** (Degree or title) **M.D.** 23b. ADDRESS **4952 Maryland St. Louis** 23c. DATE SIGNED **Feb. 11, 1956**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal (Rail)** 24b. DATE **2-12-1956** 24c. NAME OF CEMETERY OR CREMATORY **St. Paul, Minnesota** 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. **FEB 11 1956** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Kriegshauser 4228 S. Kingshighway Bl.**

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

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. 514 working under my personal supervision..

Student George W. Kneipshausen, Jr
Signature of Student Embalmer

Signed William B White

Licensed Embalmer No. 829

P. O. Address

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.