

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11618**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3184**

1. PLACE OF DEATH a. COUNTY _____			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, Mo.,		c. LENGTH OF STAY (in this place) 3 wks.	c. CITY OR TOWN St. Louis,		d. Is 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 Lutheran Hospital.			e. STREET ADDRESS (If rural, give location) #4011 Cleveland Ave., 2179 D			
3. NAME OF DECEASED (Type or Print) a. (First) CARRIE		b. (Middle) BELLE	c. (Last) WIEGMAN.	4. DATE OF DEATH (Month) (Day) (Year) March 28, 1956.		
5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH May 4, 1866.	9. AGE (In years last birthday) 89.	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home..	10b. KIND OF BUSINESS OR INDUSTRY Housewife..	11. BIRTHPLACE (City and State or Foreign Country) Knox County, Illinois.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Henry J. Green.		13b. MOTHER'S MAIDEN NAME CMarye E Be (Unknown) (Dowd).		14. NAME OF HUSBAND OR WIFE Lewis W. Wiegman.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no.	16. SOCIAL SECURITY NO. none.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George L. Gamp.. #1 Hillard Rd,				
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, ashenia, etc. It means the disease, injury, or complication which caused death. 3-10-56	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardiac disease ANTECEDENT CAUSE arteriosclerosis Morbidity conditions, if any, arising due to (b) rise to the above cause, a condition the underlying cause last. DUE TO (c) age 89			INTERVAL BETWEEN ONSET AND DEATH 1 wks 10 years		
19a. DATE OF OPERATION 3-10-56	19b. MAJOR FINDINGS OF OPERATION Fracture of left femur Interchaste			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) fall	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) 35 (COUNTY) Webster Groves, St. L. (STATE) Mo	21f. HOW DID INJURY OCCUR? Missed chair when sitting down			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 AM 3-9-56 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from March 9, 1956 to March 28, 1956 , that I last saw the deceased alive on March 28, 1956 , and that death occurred at 9 A. m. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) W. H. Clemons M.D.			23b. ADDRESS 906 Charleston Blvd St. L. Mo		23c. DATE SIGNED 3-29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	24b. DATE 3/30/56	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery..	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.			
DATE REC'D BY LOCAL REG. MAR 29 1956	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, #7233 Delmar Blv'd.,				

(Licensed Embalmer's Statement on Reverse Side)

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.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence H. Mc*.....

Licensed Embalmer No. *40*.....

P. O. Address *H. Lou*.....

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.