

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29316

State File No. _____

FILED AUG 24 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6678**

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

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. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 25 Days		e. STREET ADDRESS (If rural, give location) 4414 Ohio	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital		15 2156	
3. NAME OF DECEASED (Type or Print) a. (First) August b. (Middle) J. W. c. (Last) Wiegert			4. DATE OF DEATH (Month) (Day) (Year) July 16, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 15, 1878
9. AGE (In years) 78 If UNDER 1 YEAR: Months 5 Days 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brush Maker	
10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William Wiegert	
13b. MOTHER'S MAIDEN NAME Charlotte Held		14. NAME OF HUSBAND OR WIFE Lydia Wiegert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 486-38-9141a	
17. INFORMANT'S SIGNATURE OR NAME Esther Hickenberg		ADDRESS 4414 Ohio	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardiac Decompensation		INTERVAL BETWEEN ONSET AND DEATH 1 day	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) Sepsis 3 weeks	
Morbidity condition giving rise to disease or condition causing death. (c) Gangrene of both legs		- DUE TO (c) 3 mo.	
II. OTHER SIGNIFICANT CONDITIONS (Contribution contributing to the death but not related to the disease or condition causing death.) Amputation of both legs		7 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Gangrene of both legs	
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) 455 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Apr. 26, 1956 , to July 16, 1956 , that I last saw the deceased alive on July 6, 1956 , and that death occurred at 2:45 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE J. M. Wiegert, M.D. (Degree or title)		23b. ADDRESS 3014 S. Jefferson	
23c. DATE SIGNATURE July 15		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE July 19, 1956		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher	
DATE REC'D BY LOCAL REG. JUL 17 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D. ADDRESS 3013 Meramec St.	

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.....
Licensed Embalmer No..... 474

P. O. Address..... St Louis

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.