

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2461

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 43			
1. PLACE OF DEATH a. COUNTY Saint 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 Saint Charles		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Charles		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 1812 North Second St.				e. STREET ADDRESS (If rural, give location) 1812 North Second St. 0923					
3. NAME OF DECEASED (Type or Print) a. (First) Clara		b. (Middle) Amelia		c. (Last) Wiechens		4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 21, 1888			
9. AGE (In years last birthday) 68		10. COLOR OR RACE 3 Months 20 Days		11. BIRTHPLACE (City and State or Foreign Country) Troy, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baby sitter		10b. KIND OF BUSINESS OR INDUSTRY OWD		13a. FATHER'S NAME Hyppolyte Hunn		13b. MOTHER'S MAIDEN NAME Anna Miller			
13c. NAME OF HUSBAND OR WIFE August Aloys		14. NAME OF HUSBAND OR WIFE August Aloys		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-40-8233			
17. INFORMANT'S SIGNATURE OR NAME A.A. Wiechens		ADDRESS Saint 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) cardiac decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days 10 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) (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 Jan 1, 1947, to Jan 10, 1957, that I last saw the deceased alive on Jan 9, 1957, and that death occurred at 12:20 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) George E. Kister M.D.				23b. ADDRESS St. Charles Mo.		23c. DATE SIGNED 1-12-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 14, 1957		24c. NAME OF CEMETERY OR CREMATORY Borromeo Cemetery		24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.			
DATE REC'D BY LOCAL REG. Jan 12 1957		REGISTRAR'S SIGNATURE Thannie Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.C. Dalloway's Son, St. Charles, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 16 1958

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 *Frank R. Malpas*

Licensed Embalmer No. *483*

P. O. Address *St. Charles*

**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.**