

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3182

State File No. 367

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis Missouri</i>		c. CITY OR TOWN <i>ST. LOUIS MISSOURI</i>		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 <i>Missouri Baptist</i>		STREET ADDRESS <i>1131 Newhouse Ave.,</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i>		b. (Middle) <i>F</i>		c. (Last) <i>Wieger</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 12th 1957</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>3-16-1876</i>		9. AGE (In years last birthday) <i>80</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Famous Barr</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis Missouri</i>	
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>Joseph Wieger</i>		13b. MOTHER'S MAIDEN NAME <i>Henrietta Birkenkamp</i>	
14. NAME OF HUSBAND OR WIFE <i>Emilie Wieger</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>489-20-3583A</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Emilie Wieger</i>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Cerebrovascular Accident</i>		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>CEREBROVASCULAR ACCIDENT</i>		ANTECEDENT CAUSES <i>Arteriosclerosis, general</i>		DUE TO (b) <i>ARTERIOSCLEROSIS, GENERAL</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <i>331X</i>	
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)		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 <i>Jan 9, 1957</i> , to <i>JAN 12, 1957</i> , that I last saw the deceased alive on <i>Jan 11, 1957</i> , and that death occurred at <i>1:30 a.m., 1130 N. Kingshighway</i> and on the date stated above.					
23a. SIGNATURE <i>Warren M. Lonergan</i>		23b. ADDRESS <i>457 N. Kingshighway</i>		23c. DATE SIGNED <i>1-12-57</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Jan 15th 1957</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Friedens Cen.</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Earl Smith, M.D. Funeral Home</i>		ADDRESS <i>3924 N 20th St. Louis Mo.</i>	

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

m.d.B. (Licensed Embalmer's Statement on Reverse Side)

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 *Mustard J. Duteau*

Licensed Embalmer No. *432*
P. O. Address *St Louis Mo*

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.