

pt. Health,
, & Welfare
S. Public
alth Service

FILED NOV 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42780
STATE FILE NUMBER
10809
Registrar's Name

Registration District No. 318 Primary Registration District No. 1003

S. 300
ev. 1-57

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		STREET ADDRESS (If outside, give location) 6141 Wanda	
3. NAME OF DECEASED (Type or print) First Middle Last Herman F Wiegiers		4. DATE OF DEATH Month Day Year Nov 10 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 22, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) custodian		10b. KIND OF BUSINESS OR INDUSTRY Washington Univ	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Heinr. Wiegiers		13b. MOTHER'S MAIDEN NAME Katherine Mueller	14. NAME OF HUSBAND OR WIFE Marie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 495-22-2790	17. INFORMANT Address Marie Wiegiers 6141 Wanda
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral apoplexy</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>334x</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Aug. 10, 1957</u> to <u>Nov. 10, 1957</u> and last saw ^{her} _{him} alive on <u>Nov. 10, 1957</u> Death occurred at <u>11:53a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Bernard T. Korn M.D.</u>		22b. ADDRESS <u>4755 Maryland Road St. Louis 16 Mo</u>	22c. DATE SIGNED <u>11/1/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>11/13/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Affton, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>J L Ziegenhein & Sons 7027 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 13 '57</u>	26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D. M.D.B.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

No. 1011
 St. Louis City Hospital
 Nov 10 1927
 Marie Wiegand
 Washington Univ. St. Charles Co., Mo. USA
 Marie Wiegand
 422-22-2200 Marie Wiegand
 Marie Wiegand

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 *Donald E. Benz*

Licensed Embalmer No. *4903*

P. O. Address *7077*

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.