

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007963
State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1482

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Saint Louis</u>		c. CITY OR TOWN <u>Saint Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>01 4537 Shenandoah</u>		e. STREET ADDRESS (If rural, give location) <u>2179 1/2 4537 Shenandoah</u>	
c. LENGTH OF STAY (in this place) <u>4 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>William</u> c. (Last) <u>WIEGAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7, 1958</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 27, 1883</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Men's Furnishing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery Cty., Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Conrad Wiegand</u>		13b. MOTHER'S MAIDEN NAME <u>Carolyn Kahla</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Nellie Wiegand</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>09-18-5982a</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nellie Wiegand - St. Louis, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident probable</u>		DUPLICATE		<u>5 mins</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		DUPLICATE		<u>10 yrs</u>	
DUE TO (c) <u>Arteriosclerotic heart disease</u>		DUPLICATE		<u>15 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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 17 Jan., 1958, to 28 Jan., 1958, that I last saw the deceased alive on 28 Jan., 1958, and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William Raymond Beniface MD</u>		23b. ADDRESS <u>Barnes Hospital, St. Louis</u>		23c. DATE SIGNED <u>7 Feb 58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/9/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	
		24d. LOCATION (City, town, or county) (State) <u>Hillsboro, Illinois</u>			

DATE REC'D BY LOCAL REG. <u>FEB 8 '58</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John J. Kessly, E. St. Louis, Ill.</u>	
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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.....
Licensed Embalmer No. 754

P. O. Address.....

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.

Not Embalmed

Joseph J. Bandy

L. H. Davis