

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024082
STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1520

1. PLACE OF DEATH a. COUNTY St. Louis County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.			Length of stay 15 days 2 1/6		d. STREET ADDRESS (If outside, give location) 3400 S. Grand Bl.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH WIEHSNER				4. DATE OF DEATH Month Day Year June 5, 1958				
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 20, 1877		9. AGE (In years last birthday) 81 yrs.	IF UNDER 1 YEAR Months Days 0 15	IF UNDER 24 HRS. Hours Min. 0 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook		10b. KIND OF BUSINESS OR INDUSTRY retired cooking		11. BIRTHPLACE (City and State or country) Germany		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Thomas Wiehsner			13b. MOTHER'S MAIDEN NAME Margaret Frohez			14. NAME OF HUSBAND OR WIFE none		
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. none		17. INFORMANT Address St. MARIE JEAN 3400 S. GRAND				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart block, complete						INTERVAL BETWEEN ONSET AND DEATH one day		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Cardiovascular Disease						8-10 yrs		
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3-28-58 4-6-58		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 6-4-58 to 6-5-58 and last saw her/him alive on 6-5-58 Death occurred at 12:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Legree or title) Wm. H. Schultz MD				22b. ADDRESS 1105 Central Station		22c. DATE SIGNED 6-6-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Jun. 9, 1958	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
24. FUNERAL DIRECTOR ADDRESS Gebken Mortuary 2630 Gravois Ave.			25. DATE RECD. BY LOCAL REG. 6-6-58		26. REGISTRAR'S SIGNATURE Wesley P. Donk M.D.			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER _____

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
X by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Herbert J. Gau Jr......

Licensed Embalmer No. 4820.....

P. O. Address Kirkwood, 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.