

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034827

STATE FILE NUMBER

SEP 22 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8793

S. 300  
1-57

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

1. PLACE OF DEATH a. 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 St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda General		Length of stay in 1b 5 Days	d. STREET ADDRESS (If outside, give location) 3127-A Clay. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Harvey L Wiecher			4. DATE OF DEATH Month Sept. Day 8 Year 1958
5. SEX male <input checked="" type="radio"/>	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 March 2, 1885
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker - Retired		9b. KIND OF BUSINESS OR INDUSTRY Samuel Shoe Co.	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker - Retired		10b. KIND OF BUSINESS OR INDUSTRY Samuel Shoe Co.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME Frederick W. Wiecher		13b. MOTHER'S MAIDEN NAME Elizabeth Roepeke	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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.	14. NAME OF HUSBAND OR WIFE Edna Wiecher
17. INFORMANT Mrs. Edna H. Wiecher		Address 3127a Clay Avenue	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Adeno carcinoma of Lung DUE TO (c) cerebral metastasis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163x			INTERVAL BETWEEN ONSET AND DEATH 6 months
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 WORK <input type="checkbox"/> NOT WHILE 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 9/4/58 to 9/8/58 and last saw him alive on 9/8/58 Death occurred at 10:00 P.M. Sept 8, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Malcolm B Bawell M.D.		22b. ADDRESS 4660 Maryland	
22c. DATE SIGNED 9/9/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sept 12, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Missouri			
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair		25. DATE RECD. BY LOCAL REG. SEP 11 1958	
26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.			

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 *Edna W. Hoff* .....

Licensed Embalmer No. *3737* .....  
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.