

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043735

STATE FILE NUMBER

FILED DEC 23 1958 Registration District No. 112 Primary Registration District No. 5429 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lyons</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>New Haven</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>New Haven</i>		Length of stay in <i>10 weeks</i>	d. STREET ADDRESS (If outside, give location) <i>R1</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Meta</i> Middle <i>Wiekhorst</i> Last <i>Wiekhorst</i>			4. DATE OF DEATH Month <i>Dec.</i> Day <i>16</i> Year <i>1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 13, 1877</i>
9. AGE (In years (at birthday)) <i>81</i>		IF UNDER 1 YEAR Months <i>2</i> Day <i>3</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoe Maker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (City and state or country) <i>Washington, Mo. R.I.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>Robert Osterwald</i>	
13b. MOTHER'S MAIDEN NAME <i>Marie Schmidt</i>		14. NAME OF HUSBAND OR WIFE <i>Edgar Wiekhorst</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, when unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>492-0147880</i>	17. INFORMANT Name <i>Edgar Wiekhorst</i> Address <i>New Haven, Mo. R.I.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>One day</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arterio-sclerosis general</i>			<i>Don't know</i>
DUE TO (c) <i>Pneumonia hypostatic</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Pneumonia hypostatic</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <i></i> Month, Day, Year <i></i> a.m. <i></i> p.m. <i></i>		20d. INJURY OCCURRED WHILE AT <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 <i>9/1/58</i> to <i>12/16/58</i> and last saw her alive on <i>12/16/58</i> . Death occurred at <i>6:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>B. P. Eisenmann M.D.</i>		22b. ADDRESS <i>New Haven, Mo.</i>	22c. DATE SIGNED <i>12/17/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	23b. DATE <i>Dec. 19, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Cape Grove Crematory</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
24. FUNERAL DIRECTOR <i>Heeburg &amp; Witt, Washington, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Dec. 17 - 1958</i>	26. REGISTRAR'S SIGNATURE <i>John Charles Fenley</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

300  
1-57

All diseases in Part I must be causally related.

3

1

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 *Lester A. Pitt* .....

Licensed Embalmer No. *3254* .....

P. O. Address *Washington, D.C.*

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.