

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011537

STATE FILE NUMBER

2 2249

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. \_\_\_\_\_

**FILED MAR 25 1959**

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** Inside Limits Yes  No

c. CITY OR TOWN **St. Louis** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **City Hospital** Length of stay in 1b \_\_\_\_\_

d. STREET ADDRESS (If outside, give location) **2017 James St.** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last (Type or print) **JOHN WIZEMAN**

4. DATE OF DEATH Month Day Year **Mar. 4 1959**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED  NEVER MARRIED  WIDOWED  / DIVORCED  8. DATE OF BIRTH **Oct. 14, 1889** 9. AGE (In years last birthday) **69** 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) **Watchman (Retired)** 10b. KIND OF BUSINESS OR INDUSTRY **Anheuser-Busch Inc.** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Henry Wizeman** 13b. MOTHER'S MAIDEN NAME **Henrietta Boezzie** 14. NAME OF HUSBAND OR WIFE **Daisy Wizeman**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) **No None** 16. SOCIAL SECURITY NO. **488-28-7386** 17. INFORMANT Address **Daisy Wizeman 2017 James**

18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Coronary Occlusion**  
**Coronary Sclerosis**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **420.1**

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19. WAS AUTOPSY PERFORMED? **1** YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree printed) **John M. Smith** 22b. ADDRESS **1300 Clair** 22c. DATE SIGNED **3/4/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Mar. 6, 1959** 23c. NAME OF CEMETERY OR CREMATORY **S/S Peter & Paul Cem.** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR **Kriegshauser** ADDRESS **4228 S. Kingshighway** 25. DATE RECD. BY LOCAL REG. **MAR 4 '59** 26. REGISTRAR'S SIGNATURE **Carl Smith. M.D.**

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

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 by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *William B. White* .....

Licensed Embalmer No. *5291* .....

P. O. Address *527 P. Kingsby* .....

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.