

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015954

STATE FILE NUMBER

2 4350

FILED MAY 15 1959

Registration District No. _____ Primary Registration District No. _____

Registrar No. _____

S. 300

1-57

36

3A

100

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

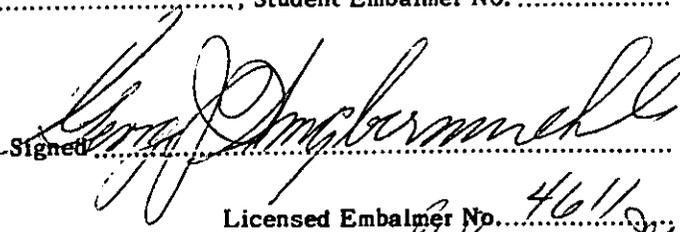
MEDICAL CERTIFICATION

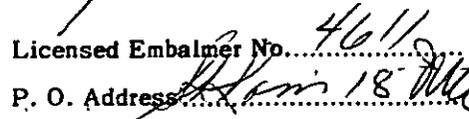
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Affton 4000		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. Louis Childrens			Length of stay in 1b 20 days		d. STREET ADDRESS (If outside, give location) 9035 Big Chief Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Carol Marie Wiedemann				4. DATE OF DEATH Month Day Year May 2, 1959					
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 1/17/59		9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months Days 16	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Alphonse Elmer Wiedemann			13b. MOTHER'S MAIDEN NAME Delores Rade			14. NAME OF HUSBAND OR WIFE Never married			
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 EMorsech - 500 S. Kingshighway Blvd.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC ARREST</u>							INTERVAL BETWEEN ONSET AND DEATH <u>30 MIN.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>ATTEMPTED SURGICAL REPAIR OF COARCTATION OF AORTA</u>							
		DUE TO (c) <u>754.6</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>MARKED PULMONARY CONGESTION (WITH INTERALVEOLAR HEMORRHAGE)</u>							19. WAS AUTOPSY CONDUCTED DISEASE PERFORMED? <u>INTERVENTRICULAR</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I (a) if applicable) <u>HEART DISEASE</u>						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
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 <u>April 13</u> , to <u>May 2</u> and last saw <u>her</u> alive on <u>May 2, 1959</u> Death occurred at <u>8:50AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Richard M. Sperry MD</u>				22b. ADDRESS <u>500 S. Kingshighway Blvd.</u>		22c. DATE SIGNED <u>5/2/59</u>			
23a. BURIAL CREMATION <u>Removal</u>		23b. DATE <u>5-4-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE Cem. Lemay</u>		23d. LOCATION (City, town, or county) <u>Lemay Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>WINGBERMUEHLE 3819 So Grand Blvd</u>				25. DATE RECD. BY LOCAL REG. <u>MAY 4 '59</u>		26. REGISTRAR'S SIGNATURE <u>Head Smith 170220</u>			

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. 4611
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.