

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-002492

ENDED

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 36

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Maries</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Vienna, Mo.</u> Length of stay in 1b <u>2 Yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>His Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Maries</u> c. CITY OR TOWN <u>Vienna, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>Hubert</u> Middle <u>Joseph</u> Last <u>Wieberg</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>4</u> Year <u>1960</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 18, 1904</u>		9. AGE (last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Maries County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Fritz Wieberg</u>				13b. MOTHER'S MAIDEN NAME <u>Josepha Schmitze</u>				14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>499-30-5385</u>		17. INFORMANT <u>George Wieberg, Vienna, Mo.</u> Address _____					
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>Massive cerebral hemorrhage</u> DUE TO (b) <u>Hypertension and Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>?</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m. Month, Day, Year _____		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 <u>January 4, 1960</u> and last saw him alive on <u>January 4, 1960</u> Death occurred at <u>7:25 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>Vienna, Missouri</u>		22c. DATE SIGNED <u>1/6/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/7/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Holy Family Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Freeburg, Mo.</u>					
24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Vienna, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Jan. 6, 1960</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10 MAY 1961

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

J. O. Brimmer

Licensed Embalmer No.

3664

P. O. Address

Vienna

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.