

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-025090**

FILED VS JUN 27 1960 **318** Primary Registration District No. **1003** Registrar's No. **6215**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>				Length of stay in 1b		c. CITY OR TOWN <b>Washington</b>	
c. FULL NAME OF (If NOT in hospital, give institution) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>219 Lafayette</b>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. MONTH DAY YEAR	
First <b>JOHN</b>		Middle <b>E.</b>		Last <b>WIEMANN</b>		<b>JUNE 15 1960</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11/14/1892</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Shoemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>		11. BIRTHPLACE (City and state or country) <b>Franklin Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>John Wiemann</b>			13b. MOTHER'S MAIDEN NAME <b>Helena Kammeier</b>			14. NAME OF HUSBAND OR WIFE <b>Hulda</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-01-8598</b>		17. INFORMANT Address <b>Wilfred Wiemann, Washington, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>HEPATIC FAILURE</b>						<b>2 WEEKS</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						<b>30 YEARS</b>	
DUE TO (b) <b>CHOLANGITIS</b>						<b>30 YEARS</b>	
DUE TO (c) <b>COMMON BILE DUCT STONE</b>						<b>30 YEARS</b>	
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 <b>MAY 19, 1960</b> to <b>JUNE 15, 1960</b> and last saw her/him alive on <b>JUNE 15, 1960</b>				Death occurred at <b>9:15 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. D. Vermillion, M.D.</i> M. D.				22b. ADDRESS <b>BARNES HOSPITAL</b>		22c. DATE SIGNED <b>6/16/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>6-18-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Presbyterian Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Washington Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>				25. DATE RECD. BY LOCAL REG. <b>JUN 17 1960</b>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3-4-77

STATE OF MISSOURI

0961 2 8 NMP  
3-4-77

**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 Elmer R. Cadwell

Licensed Embalmer No. 4077

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.