URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 11 1960

-60-025181

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1894

NDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Length of stay in 1b 4 Weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Ozark Nursing Home — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY ~~St Louis~~
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2719 Indiana — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First ANNA C Middle WIEGERS Last WIEGERS

4. DATE OF DEATH Month Day Year 6-19-1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4-7-1876
9. AGE (last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Germantown ILL
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Wiegers
13b. MOTHER'S MAIDEN NAME Caroline Bussman
14. NAME OF HUSBAND OR WIFE Deceawsed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Aurilia Wiegers Address 2719 Indiana

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteria Sclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? 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. p.m. Month, Day, Year
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 April 21 1960, to June 19 1960 and last saw her/him alive on June 16 1960
Death occurred at 11/45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard J. Dames MD
22b. ADDRESS 9313 Manchester
22c. DATE SIGNED 6/30/60

23a. BURIAL, CREMATION, REMOVAL OR OTHER BURIAL
23b. DATE 6-22-1960
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem
23d. LOCATION (City, town, or county) St, Louis MO (State)

24. FUNERAL DIRECTOR WINGBERMUEHLE ADDRESS 3819 S. GRAND – ST. LOUIS, MO. 18
25. DATE RECD. BY LOCAL REG. 6-21-60
26. REGISTRAR'S SIGNATURE John C Murphy Md.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4611

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.