

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED **VS NOV 9 1960**

-60-040673

STATE FILE NUMBER

Registration District No. **317** Primary Registration District No. **500** Registrar's No. **3121**

| | | | | | | | |
|--|--|---|---|--|--|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY St. Louis | | b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Ballwin | | Length of stay in 1b 18 Yrs. | | c. CITY OR TOWN Ballwin | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ries Road | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Ries Road | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First Charles | | Middle H. | | Last Wiemeyer | | Month Oct Day 25 Year 1960 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6-28-90 | 9. AGE (last birthday) 70 | 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) Self employed | | 10b. KIND OF BUSINESS OR INDUSTRY dry goods store | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Edward Wiemeyer | | | 13b. MOTHER'S MAIDEN NAME Mary Kipp | | | 14. NAME OF HUSBAND OR WIFE Ella Wiemeyer | |
| 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. no | | 17. INFORMANT Address Ella Wiemeyer Ballwin, Mo. | | | |
| 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) Cerebral aneurysm | | | | | | 2 hrs | |
| DUE TO (b) Essential hypertension | | | | | | 3 yrs | |
| DUE TO (c) _____ | | | | | | _____ | |
| 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"/> N. <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 checked="" 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 June 1957 to Oct. 1960 and last saw him live on 10/25/60 Death occurred at 2:30 p m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) H.C. McMurtry M.D. | | | | 22b. ADDRESS Ballwin, Mo. | | 22c. DATE SIGNED 10/26/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 10-28-60 | | 23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home Ballwin Mo. | | | | 25. DATE RECD. BY LOCAL REG. 10-27-60 | | 26. REGISTRAR'S SIGNATURE [Signature] | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 27 1960

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 Richard M. Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin

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.