MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 51

-62-011677
STATE FILE NUMBER

FILED APR 3 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joachim — Length of stay in 1b: 6 months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R 2 Festus, Mo. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Jefferson
c. CITY OR TOWN: Hematite — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route #2 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ralph — Middle: Ewald — Last: Wiegel Jr

4. DATE OF DEATH: Month: Mar — Day: 25 — Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-30-38

9. AGE (last birthday): 23 — 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): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Accounting

11. BIRTHPLACE (City and state or country): St Louis, Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Ralph E Wiegel Sr

13b. MOTHER'S MAIDEN NAME: Thelma Dye

14. NAME OF HUSBAND OR WIFE: Rosellia Oglesby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -------

16. SOCIAL SECURITY NO.:

17. INFORMANT — Address: Rosellaa Wiegel R2 Festus, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ruptured aneurysm of ascending aorta, with hemorrhage into pericardial sac.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 29 hours

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

MEDICAL CERTIFICATION

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 March 24, 1962 to March 25, 1962 and last saw ~~her~~ him alive on March 25, 1962
Death occurred at 3 20 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas G. Donnell MD

22b. ADDRESS: DeSoto, Mo

22c. DATE SIGNED: 3-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-28-1962

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

23d. LOCATION (City, town, or county) (State): St Louis Co. Mo.

24. FUNERAL DIRECTOR — ADDRESS: Mahn Funeral Home DeSoto, Mo.

25. DATE RECD. BY LOCAL REG.: 3/28/62

26. REGISTRAR'S SIGNATURE: [signature] by John M. Stall, Deputy

(Licensed Embalmer's Statement on Reverse Side)

APR 4 1962

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 Gerald J. Mahn

Licensed Embalmer No. 4975

P. O. Address De Soto, 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.