

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6940 = 62-029310
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

VS 300 Rev. 4/59
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24001238
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ

JUL 31 1962

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN BELLEFONTAINE-NEIGHBORS Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 10074-COBURG-LANDS-DRIVE Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First GERARD Middle JOSEPH Last WIENERS
Baby Boy

4. DATE OF DEATH Month 7 Day 14 Year 62

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7/13/62 9. AGE (last birthday) _____ IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours 4 Min. 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (City and state or country) ST. LOUIS-MO. 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Edward Wieners Jr 13b. MOTHER'S MAIDEN NAME Wehrheim - ROSEMARY 14. NAME OF HUSBAND OR WIFE <INFANT>

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. NONE 17. INFORMANT EDWARD-W-WIENERS-JR. Address 10074 COBURG-LANDS-DRIVE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asystole
DUE TO (b) Prematurity
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. 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 July 13, 1962 to July 13, 1962 and last saw her/him alive on July 13, 1962
Death occurred at 2 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) M.D. 22b. ADDRESS 1453 Mc Jannet - 22c. DATE SIGNED 7/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE JULY-16-1962 23c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY 23d. LOCATION (City, town, or county) ST. LOUIS MO.

24. FUNERAL DIRECTOR Brockland Und. Co. ADDRESS 1827-HOGAN-ST. 25. DATE RECD. BY LOCAL REG. JUL 16 1962 26. REGISTRAR'S SIGNATURE [Signature] M.D.

USE BLACK INK OR TYPEWRITER RIBBON

59

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 No Embalming, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Brockland Und. Co.
Per. Geo. H. Brockland < Vice Pres >
Licensed Embalmer No. _____

P. O. Address _____

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.