

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12889

State File No.

FILED MAR 20 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 737

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belleve Acres</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belleve Acres</u>	
c. LENGTH OF STAY (In this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>59 Belleve Acres</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>59 Belleve Acres</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PAUL</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Wielandy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-4-53</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>6-5-1864</u>	9. AGE (In years last birthday) <u>88</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MRS. Hours	# UNDER 1 MRS. Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHAIRMAN OF BOARD</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Blackwell-Wielandy Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOHN F. Wielandy</u>	13b. MOTHER'S MAIDEN NAME <u>Kunegunde WAGNER</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Wielandy</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louise Wielandy</u>	ADDRESS <u>59 Belleve Acres</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>11 YRS</u> <u>YES.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
DUE TO (c)		4201	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from APRIL, 1942, to MAR. 4, 1953, that I last saw the deceased alive on MAR. 4, 1953, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

22a. SIGNATURE <u>Arthur S. Sussler M.D.</u> (Degree or title)	23b. ADDRESS <u>2202 University St.</u>	23c. DATE SIGNED <u>3/6/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-7-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-5-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Douche - M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Mowli U.C.</u>	ADDRESS <u>2707 N. Grand</u>
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P.T. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed

Bert J. [Signature]

Licensed Embalmer No. 4366

P. O. Address [Signature]

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 this body is not embalmed, fact should be so stated above.