

S. No. 300
V. 10-48

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 36395

Registrar's No. 8565

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 8565	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, MO</u>		c. LENGTH OF STAY (In this place) <u>3pm-26da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis MO.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Home of Mo</u>				d. STREET ADDRESS (If rural, give location) <u>4236 Neosho St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>		b. (Middle) <u>Stodieck</u>		c. (Last) <u>Wieldt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 14 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Dec. 27, 1869</u>		9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR Months <u>8</u>
						11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	
13a. FATHER'S NAME <u>Charles C. Stodieck</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>August H. Wieldt (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis C. Robertson 5351 Delmar Bl</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myo-carditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Atherosclerosis 20 yr</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. ALIEN? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>MAY 19, 1956</u> , to <u>Sept. 14, 1956</u> , that I last saw the deceased alive on <u>Sept. 13, 1956</u> , and that death occurred at <u>2:45 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Arnold E. Walters MD</u>				23b. ADDRESS <u>3720 Washington St. Louis Mo</u>		23c. DATE SIGNED <u>9-14-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 17, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>SEP 17 1956</u>		REGISTRAR'S SIGNATURE <u>Paul Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Sons 6175 Delmar Blvd</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph E. McCallister

Licensed Embalmer No. 2460

P. O. Address 6175 2nd Ave

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.