WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38509

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11186

City St, Louis Mo. (No. Luthern Hospital. St. ..... Ward)

2. FULL NAME Raymond W. Wiemer.

(a) Residence. No. 3660 Hartford. St., 16 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White.	Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/5/1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	26	10	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Battery Bus.

(b) General nature of industry, business, or establishment in which employed (or employer) Self.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St, Louis Mo.

PARENTS

10. NAME OF FATHER Wm. H. Wiemer.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

12. MAIDEN NAME OF MOTHER Matilda Bolgard.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

14. INFORMANT Wm H. Wiemer
(Address) 3660 Harper St.

15. FILED DEC 14 1927 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/12/27 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1927, to Dec 12, 1927 that I last saw h. ~~m.~~ alive on Dec 12, 1927, and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93C

91A

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Endocarditis

(duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3660 Hartford St

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H. Louis Schuchat, M. D

Dec 14, 1927 (Address) 2200 Chouteau ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St, Mathews Cemetery.	12/15 1927

20. UNDERTAKER	ADDRESS
Provost Und Co	3710 N. Grand