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.

35217

File No. 10203

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. [illegible]

Township ..... Primary Registration District No. [illegible]

City St. Louis (No. 3624 Nebraska Avenue St. ..... Ward)

2. FULL NAME Christian Wiese.

(a) Residence. No. 3624 Nebraska Avenue St., [illegible] 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9.1866.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	3	7	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Christian Wiese.

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

12. MAIDEN NAME OF MOTHER Caroline Rethmeyer

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

14. INFORMANT Rosalie Wiesel (Address) 3624 Nebraska Avenue.

15. FILED OCT 17 1928 Max G Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 1 10/16

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1928, to Oct 16th, 1928 that I last saw h. alive on Oct 16th, 1928, and that death occurred, on the date stated above, at 10 30 p m. 10:10 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Stomach

4 B P

Abs (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 444 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Chas E T Strauss, M. D

Oct 17, 1928 (Address) 3860 S. Broadway

*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 SSPeter&Paul Cemetery

DATE OF BURIAL Oct. 19 1928

20. UNDERTAKER J H Gibbons Lawn Co

ADDRESS 2842 Meramec