

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

Do not use this space.

32137

**1. PLACE OF DEATH**

County..... Registration District No. 791 File No. 9184  
 Township..... Primary Registration District No. 1003 Registered No. ....  
 City St James Mo (No. St Anthonys Hospital) St. .... Ward)

**2. FULL NAME**

Paul, Edy Wieland  
 (a) Residence, No. 113 E. Virginia St. St James Cemetery - Mo  
 (Usual place of abode) (If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
7 11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

PARENTS

10. NAME OF FATHER Joseph Wieland

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

12. MAIDEN NAME OF MOTHER Josephine Hoefle

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

14. INFORMANT Joseph Wieland  
 (Address) 113 E. Virginia St

15. FILED SEP 7 1929 Max C. Starnberg REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept - 12, 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1929, to Sept 12, 1929  
 that I last saw him alive on Sept 12, 1929 and that death occurred, on the date stated above, at 4 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Peritonitis  
122 R  
129

CONTRIBUTORY (SECONDARY) Intestinal Intussusception  
 (duration) yrs. mos. da. 1

18. WHERE WAS DISEASE CONTRACTED 11801  
 IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 9-12-29

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy

(Signed) M. J. Bullman, M. D.

9-13, 1929 (Address) 2880 California

\*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 St Olivo Cemetery DATE OF BURIAL Sept 14, 29

20. UNDERTAKER Franklin Wood Co ADDRESS 7819 N. 4th

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.

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