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.

Apr 26 1930

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

Do not use this space.

12490

File No.

Registered No. 122

1. PLACE OF DEATH
County Jackson — Registration District No. 398
Township Blue — Primary Registration District No. 3019
City Independence (No. 110 W. Kansas St. Ward)

2. FULL NAME Fred J. Wieligman
(a) Residence. No. 110 W. Kansas St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 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 X X X X X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-14-1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
79	7	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Butcher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Charles County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Wm. Wieligman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

14. INFORMANT Gus Wieligman
(Address) 1125 N. Lynn

15. FILED 4-17, 1930 F L Cook REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-16 1930

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, to that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral ~~Hemorrhage~~ Hemorrhage
82P
97
(duration) yrs. mos. ds.

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

74 A1

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E E Kruminger, M. D.
4/17 1930 (Address) Indep. Mo

*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
Woodlawn	April 18 1930
20. UNDERTAKER	ADDRESS
H W Stahl	Indep. Mo