

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

Do not use this space.

16424

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1103
 City St. Louis (No. 1438 E. Grand Blvd.)

File No.....
 Registered No. 4943
 St. Ward

2. FULL NAME Dorothea Wise

(a) Residence. No. 1438 E. Grand Blvd. St. 9 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt. 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
about 75 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife 23 1/2 yrs non-tubercular
 (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) Russia

10. NAME OF FATHER Jake Wise

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

12. MAIDEN NAME OF MOTHER Sarah Romantoff

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

14. INFORMANT Mrs. Sadoll Wise
 (Address) 50 W. Cotton Ave.

15. FILED 24 1931 May 2 1931
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1931

17. I HEREBY CERTIFY, That I attended deceased from July, 1931, to April 23, 1931, that I last saw him alive on April 23, 1931, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
17 1/2
chronic bronchitis (asthma)
non-tubercular (duration) 10 yrs. mos. ds.
 CONTRIBUTORY chronic interstitial nephritis
 (SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS microscope & culture

(Signed) Christ K. Oelgen, M. D.

4/23/1931 (Address) 3148 Olive St

*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 Chesed Shel Emeth DATE OF BURIAL April 24 1931

20. UNDERTAKER Orenhandler ADDRESS 4822 Eastman

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

MARGIN RESERVED FOR BINDING

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.

V. NO. 2.

