

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 700
Township Primary Registration District No. 1189
City St. Louis (No. Jewish Hospital)

File No. 18420
Registered No. 4675
St. Ward)

2. FULL NAME

MRS. NELLIE WIER
(a) Residence, No. 1189, Flourens Rd. St. 12 Ward. Regusson
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Frank J. Wier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16 1897</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>9</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Economist</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Union Elec. Co.</u>		
10. Date deceased last worked at this occupation (month and year) <u>March 1933</u>		11. Total time (years) spent in this occupation. <u>4</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Wm L Paynter</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Jessie Lewis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>August A. Brock Jr</u> (ADDRESS) <u>1189 Flourens Rd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Lebanon Cem</u> DATE <u>May 29 1933</u>		
19. UNDERTAKER <u>Friedmann Handel</u> (ADDRESS) <u>1905 Union Blvd</u>		
20. FILED <u>J. Berdeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to May 26, 1933.
I last saw him alive on May 26, 1933. Death is said to have occurred on the date stated above, at 1:25 P.m.
The principal cause of death and related causes of importance were as follows:
Agrenulocytosis
Other contributory causes of importance 74

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Carl J. Berdeck, M. D.
(Address) Jewish Hospital

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.

