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

Do not use this space.

21758

File No.

Registered No. 5562

1. PLACE OF DEATH

County ..... Registration District No. 721

Township ..... Primary Registration District No. .....

City St. Louis (No. 1913 College Ave St. ..... Ward)

2. FULL NAME Emelie Wiese

(a) Residence, No. 1913 College Ave 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 16, 1855

7. AGE: YEARS 77 | MONTHS 11 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

FATHER

13. NAME (Not Known) Slump
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Louis G. Wiese 1913 College

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE June 28 1933

19. UNDERTAKER (ADDRESS): Meth. Hermann and Son 2101 East Fair Ave.

20. FILED JUN 20 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1933, to June 25, 1933

I last saw her alive on June 25, 1933. Death is said to have occurred on the date stated above, at 10:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure	6/25/33
93C	
93D	
93C	

Other contributory causes of importance: Chr. Myocarditis

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical evidence Was there an autopsy? No

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? No

If so, specify .....

(Signed) Frances H. Stewart, M. D.

(Address) 3903 Olive

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.

U. S. No. 2.