

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

Do not use this space.

36244

PLACE OF DEATH
 County Green Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield (No. 617 Hovey) St. _____ Ward _____
FULL NAME W. C. Wiener
 (a) Residence, No. 617 Hovey St. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mrs. Edith Edener
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29-1888
 7. AGE YEARS 45 MONTHS 3 DAYS 23 or LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Optometrist
 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) Algeria
 13. NAME Frank Wiener
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Margaret Crawford
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Mrs. W. C. Wiener
 (ADDRESS) Springfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE 11-24-33
 19. UNDERTAKER German Lohmeyer
 (ADDRESS) Springfield, Mo.
 20. FILED 11-24-33 Ralph W. Fangel
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Nov 22, 1933.
 I last saw him alive on Nov 22, 1933. Death is said to have occurred on the date stated above, at 6 a. m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset _____
Hepatic abscess
Cholecystitis, phlegmon
 Other contributory causes of importance: _____
 Name of operation Cholecystotomy Date of Oct 7-33
 What test confirmed diagnosis? op. Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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. a
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Don B. Slesky, M. D.
 (Address) Springfield, Mo.

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.

JAN 4 5 1934

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