

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

Do not use this space.

36955

1. PLACE OF DEATH

County Jefferson Registration District No. 421
 Township Wheatley Primary Registration District No. 5576
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 110

2. FULL NAME

Otto Wiedensohler

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds. (If nonresident, give city or town and State)

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 Lena Wiedensohler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 4 11
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Farming
 10. Date deceased last worked at this occupation (month and year) Sept 1933 11. Total time (years) spent in this occupation eye

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME John Wiedensohler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Christina Banney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Lena Wiedensohler
 (ADDRESS) Festus mo R. 21

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus mo DATE Nov 27 1933

19. UNDERTAKER Drester & Vengard
 (ADDRESS) Festus mo

20. FILED 12/1 1933 J. E. Rutledge
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1933 to Nov. 26 1933

I last saw him alive on Nov. 23 1933. Death is said to have occurred on the date stated above, at 4:15 A.M.

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

Chronic Interstitial Nephritis Date of onset unknown

Other contributory causes of importance:

131
131
Dropsy

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) J. E. Rutledge, M. D.

(Address) Festus, 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.

JUL 4 1934

