

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

Do not use this space.

6933

MAR 24 1934

**PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 1003  
 City St Louis (No. 3631, Garfield) St. .... Ward)

File No. 4791  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME** Charles J. Wiss  
 (a) Residence, No. 3631 Garfield St. 11 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-11-1864

7. AGE YEARS 68 MONTHS 0 DAYS 8 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soft Drink Parlor  
 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.

MOTHER FATHER 13. NAME Frank Wiss

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

15. MAIDEN NAME Not known

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

17. INFORMANT Mrs Hattie Wiss (ADDRESS) 3631 Garfield

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters Cemetery DATE Feb-22-1934

19. UNDERTAKER Pullman Bros (ADDRESS) 1716 N. Grand Blvd.

20. FILED J. J. Diebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February-19-1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 30, to Feb 19, 34

If last saw alive on Feb 15, 1934 Death is said to have occurred on the date stated above, at 1:10 p.m.

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

Apoplexy Date of onset 2/16/34  
Multiple Regurgitation  
 Other contributory causes of importance:  
Chronic Apoplexy July 1930  
Epilepsy " " " "

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Benjamin J. Stuegel, M. D.  
 (Address) 1001 Madison

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.

