WHITE VERNEY, 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.

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. 791 File No. 18975
Township — Primary Registration District No. 003 Registered No. 5497
City St Louis (No. 5223 Terry ave St. ..... Ward)

2. FULL NAME Frank Wiss
(a) Residence, No. 5223 Terry St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S., if of foreign birth? 65 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 Jennie Wiss
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 - 1855
7. AGE YEARS 79 MONTHS — DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pullman car shops
10. Date deceased last worked at this occupation (month and year) Feb 2 - 1920
11. Total time (years) spent in this occupation 45

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

FATHER
13. NAME Peter Wiss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Kochens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Charles Wiss 2835 Abner Pl.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE May 31 1934
19. UNDERTAKER (ADDRESS) Parker Emd Co Webster Groves Mo
20. FILED JUN - 1 1934 Jos. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov. 9th, 1933 to May 30, 1934
I last saw him alive on May 29, 1934. Death is said to have occurred on the date stated above, at 5:15 p.m.
The principal cause of death and related causes of importance were as follows:

Hypertension - arterial sclerosis - 97 102

Date of onset

Other contributory causes of importance:
Cardiac failure

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? no
If so, specify .....
(Signed) Burton Bohannon M. D.
(Address) 2602 S. Grand Bl.