

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

Do not use this space.

26259

1. PLACE OF DEATH

96 County St. Louis Registration District No. 760
 Township Domborg Primary Registration District No. 6031
 City Manchester Mo. (No. Manchester Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7901 Travis 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Wiegert
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 9-1868
 7. AGE YEARS 66 MONTHS 2 DAYS 25 If LESS than 1 day, _____ hrs. _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Typo
 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) Germany
 13. NAME Gustav Wiegert
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Wideman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Otto Eirich
7901 Travis
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marcus DATE July 6 1934
Wacker
 19. UNDERTAKER (ADDRESS) 2331 Broadway
 20. FILED July 4 1934 Agnes C. Kelly
 Reg. str.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd. 1934
 22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934, to July 3, 1934
 I last saw him alive on July 3, 1934. Death is said to have occurred on the date stated above, at 7:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset June 20
Chronic myocarditis
 Other contributory causes of importance:
None
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) DR. Loving, M. D.
 (Address) Ballwin, Mo.

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. AUG 13 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

