

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.

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

Do not use this space.

33892

1. PLACE OF DEATH
 County St Charles Registration District No. 757
 Township St Charles Primary Registration District No. 5998
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Louis Henry Wister
 (a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Schmidt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 3rd 1868</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>1</u>
	DAYS <u>19</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>St Charles Mo</u>		
MOTHER FATHER	13. NAME <u>Henry Wister</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Regina Wolter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Hubert Wister St Charles Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Peters lawn</u> DATE <u>Sept 25th</u> 19 <u>34</u>		
19. UNDERTAKER <u>W.D. Altmeyer + Sons</u> 60 (ADDRESS) <u>500 W. 2nd St.</u>		
20. FILED <u>9/25</u> 19 <u>34</u> <u>W.D. Altmeyer</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1934, to Sept 22nd, 1934
 I last saw him alive on Sept 22nd, 1934. Death is said to have occurred on the date stated above, at 4:35 P. m.
 The principal cause of death and related causes of importance were as follows:
121 Clu Nephritis
130 (Hypertension)
102 Clu myocarditis
 Date of onset Sept 1929

Other contributory causes of importance: 131

Name of operation None Date of _____
 What test confirmed diagnosis Physica 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) B. G. Gossard, M. D.
 (Address) 200 Clay St St Charles Mo.

