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.

OCT 11 1934

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

Do not use this space.

34061

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Deaconess Hospt. St. ..... Ward)

File No. .....

Registered No. 8823

2. FULL NAME Dorris Wissmann

(a) Residence, No. Manchester, Mo St., NR Ward. Manchester, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Manchester Mo.

FATHER

13. NAME Arthur Wissmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester Mo

MOTHER

15. MAIDEN NAME Paula Steinmeyer

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

17. INFORMANT (ADDRESS) Arthur Wissmann Manchester Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Trinity Cem DATE Sept. 3 - 1934

Shrader

19. UNDERTAKER (ADDRESS) Arthur Wissmann (acting) Manchester, Mo.

Ballwin Mo

20. FILED SEP 23 1934 19 Jos. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1934, to 9-2-34, 19....

I last saw h.c.r. alive on Sept. 2 - 1934 Death is said to have occurred on the date stated above, at 3:00 P m.

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

Premature Birth 159

159

Other contributory causes of importance:

Atelectasis 159

Date of onset

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) Henry Scott, M. D.

(Address) Ballwin, Mo.