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

OCT 24 1934

Do not use this space.

37229

1. PLACE OF DEATH
County St Louis
Township Central
City
Registration District No.
Primary Registration District No. 6033
File No.
Registered No. 287
(No. 3006 Clearview Drive St. Ward)

2. FULL NAME Walter Wiese
(a) Residence, No. 3006 Clearview Dr 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 (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1885

7. AGE: YEARS 49 | MONTHS 4 | DAYS 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Business
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) St Louis Mo

FATHER
13. NAME F. W. Wiese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Louise Rothemeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Edward Wiese 3006 Clearview Dr

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Johns DATE Oct 9th 1934

19. UNDERTAKER (ADDRESS) Hy Leidner Und Co 1417 N Market St

20. FILED 10-8- 1934 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1934, to 10-7, 1934.
I last saw him alive on 10-7, 1934. Death is said to have occurred on the date stated above, at 5:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	10-3-34
66 B	
97 C	
97	

Other contributory causes of importance:

Chr myocarditis	10 yrs.
Arteriosclerosis	"
Toxic gastric	"

Name of operation Removal Thyroid Date of 7-10-34
What test confirmed diagnosis? Elect card. 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? no
If so, specify none
(Signed) Geo H Klinkerfuss, M. D.
(Address) 7301 Natural Bridge

Dr Stinchfield

7301