

AUG 9 1935

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**
Township..... Primary Registration District No. **1008**
City *St Louis* (No. *4202 McPherson Ave*) St. (Ward).....

File No. **25032**
Registered No. **6486**

2. FULL NAME

(a) Residence, No. *Lillie V Wissler* St. *19* Ward. (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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Fred Wissler*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown 1873*

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home*
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*13. NAME *John Sheehan*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*15. MAIDEN NAME *Don't Know*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*17. INFORMANT (ADDRESS) *Alise M. Woerheide 4202 McPherson Ave*18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla Cemetery* DATE *7/31* 193519. UNDERTAKER (ADDRESS) *Arthur J. Donnelly 3840 Lindell Blvd*20. FILED *J. Bredeck* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-28* 1935

22. I HEREBY CERTIFY, That I attended deceased from *July 20* 1935 to *July 28* 1935
I last saw her alive on *July 28* 1935 Death is said to have occurred on the date stated above, at *11 P* m.
The principal cause of death and related causes of importance were as follows:

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

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

Chronic Myocarditis

Other contributory causes of importance:

930

Name of operation..... Date of.....

What test confirmed diagnosis? *Phys Exam* (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.....

(Signed) *John G. McFowey*, M. D.(Address) *4701 St Louis Ave*

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.

WHITE LABEL, WITH CAPSULES INKED THIS IS A PERMANENT RECORD

Dr M^r Sweeney
4701 N. Lewis

Ev 6756

1130

30-30