MAY 7 1936

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 File No. 17600

Township ..... Primary Registration District No. 1003 Registered No. 4383

City St. Louis (No. Treasurer Hosp. St. ..... Ward)

2. FULL NAME Lorraine Wieser (WIESER)

(a) Residence, No. 1612 Blenchort St., N R Ward. Wellston 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1913

7. AGE YEARS 22 MONTHS 7 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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 Elton Kelley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Mary Sullivan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Elmer Wieser 1612 Blenchort

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE April 23, 1936

19. UNDERTAKER (ADDRESS) Chas. J. Stuart 1225 Union Blvd.

20. FILED APR 22 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 13th, 1936 to Apr 20th, 1936

I last saw her alive on Apr 20th 1936 Death is said to have occurred on the date stated above, at 6 P.M.

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

Septicaemia following abortion self induced or criminal unknown — Date of onset 4/12/36

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Other contributory causes of importance:
Peritonitis
Paralytic Ileus Cause unknown

Name of operation D&C Date of 4/14/36

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? no
If so, specify .....

(Signed) Clyde E. Kane, M. D.
(Address) 4625 Newberry

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.

4625 Monterey