Filed by Ambruster in Clayton — then to 1123. Delay.

MAY 27 1936

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

Do not use this space.

18046

File No.

Registered No. 177

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township — Primary Registration District No. 6248B

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME Henry N. WIETERS

(a) Residence, No. 4548 Wichita Ave., St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mrs. Myrtle Wieters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 23, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
41	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schwartz Materials

10. Date deceased last worked at this occupation (month and year) December 1935

11. Total time (years) spent in this occupation Co. Abt. 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glen Carbon Illinois

FATHER

13. NAME Charles Wieters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany

MOTHER

15. MAIDEN NAME Nettie Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason City Illinois

17. INFORMANT Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National DATE Apr 30 1936

19. UNDERTAKER Robt J Ambruster
(ADDRESS) 6633 Clayton Rd.

20. FILED May 2 1936 L Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1936, to April 27, 1936

I last saw him alive on April 27, 1936 Death is said to have occurred on the date stated above, at 9:45 m. a.m.

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

	Date of onset
Valvular Heart Disease, Mitral Stenosis	Unkn.
Aortic Insufficiency	Unkn.
Other contributory causes of importance: Myocarditis, with dilatation	Unkn.

Name of operation None Date of

What test confirmed diagnosis? Clinical manifestations, x-ray and autopsy findings Was there an autopsy? Yes

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?

If so, specify.

(Signed) C. W. HUGHES, M. D.

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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.