

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.

JUN 6 1936

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

Do not use this space.

791  
1003

21200

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis, Mo. (No. Missouri Baptist Hospital) St. .... Ward)

File No.....  
Registered No. 5410

2. FULL NAME Minnie Wilhelmina Wiegand

(a) Residence, No. .... St. N.P. Ward. Berger, Missouri  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>William Wiegand</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 22nd, 1880</b>				
7. AGE	YEARS <b>55</b>	MONTHS <b>9</b>	DAYS <b>29</b>	IF LESS than 1 day, ..... hrs. or ..... min.

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.

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) **Wollam, Missouri**

13. NAME **Fritz Mioke**

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

15. MAIDEN NAME **Minnie Kotlwitz**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wollam, Missouri**

17. INFORMANT (ADDRESS) **William Wiegand Berger, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Wollam, Mo.** DATE **May 24th, 1936**

19. UNDERTAKER (ADDRESS) **Albert H. Hoppe Inc 429 N. Euclid Avenue**

20. FILED **MAY 22 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 21st, 1936**

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 21, 1936  
I last saw him alive on May 21, 1936. Death is said to have occurred on the date stated above, at 12 noon.

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

*acute dilatation of heart following operation for acute appendicitis and incarcerated umbilical hernia*

Other contributory causes of importance:

Name of operation *appendectomy* Date of May 19, 1936  
What test confirmed diagnosis? *chest x-ray* 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?.....  
If so, specify.....

(Signed) W. M. Wynn, M. D.  
(Address) 413 Wallace

