

JUN 26 1936

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

Do not use this space. *N*

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Jefferson Primary Registration District No. 6248H
City Richmond Heights (No. New St., Mary's Hospital)
Registered No. 21612
St. _____ Ward _____

2. FULL NAME

Valentius Wiehsner
(a) Residence, No. 6420 Clayton Rd. 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) Feb. 8, 1882.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 3 23

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

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) Germany.

FATHER 13. NAME Thomas Wiehsner

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

MOTHER 15. MAIDEN NAME Margaretha Froelich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT Elisabeth Wiehsner
(ADDRESS) 4463 Westminister

18. BURIAL, CREMATION, OR REMOVAL New SS. Peter & Paul DATE June 5, 1936.

19. UNDERTAKER J. N. Heikens & Co.
(ADDRESS) 2842 Verano St.

20. FILED June 7, 1936 Gertrude Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1936

22. I HEREBY CERTIFY That I attended deceased from May 17, 1936, to May 30, 1936
I last saw him alive on May 30, 1936. Death is said to have occurred on the date stated above, at 3:45 PM
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
Post-Operative Date of onset 5/28/36

Other contributory causes of importance:
Carcinoma Stomach

Radical resection of Stomach
Name of operation Stomach Date of 5/27/36
What test confirmed diagnosis? _____ 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? No
If so, specify _____
(Signed) Miss Cagle, M. D.
(Address) Murray Clinic Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

