

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

Do not use this space.

**AUG 18 1936**

**791**

**28200**

**1. PLACE OF DEATH**

County.....

Registration District No. **1003**

Township.....

Primary Registration District No. ....

City.....

(No. Foot of Catalan St.)

File No. ....

Registered No. **6958**

St. .... Ward)

**2. FULL NAME**

**Charles J. Wiese**

(a) Residence, No. **Foot of Catalan 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 | 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 **Elizabeth Wiese**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 12, 1869**

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

**66 | 11 | 25**

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

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 **Unknown**

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

15. MAIDEN NAME **Eva Thebault**

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

17. INFORMANT **Mrs B Wiese** (ADDRESS) **Foot of Catalan St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn** DATE **7-10-36**

19. UNDERTAKER **Southern Und Co** (ADDRESS) **6322 Grand**

20. FILED **JUL 10 1936** **J P Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-7-36**

22. I HEREBY CERTIFY, That I attended deceased from **July 1, 1936** to **July 7, 1936**

I last saw him alive on **July 7, 1936** Death is said to have occurred on the date stated above, at **10:25 a.m.**

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

**Bronchial Asthma** Date of onset

Other contributory causes of importance: **1/2**

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **Porter W. Winters**, M. D.

(Address) **6829 U. S.**

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.

