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.

AUG 18 1936

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

Do not use this space.

229028

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 7801

City St. Louis (No. Missouri Baptist Hospital St. ..... Ward)

2. FULL NAME Edward W. Wiehe

(a) Residence, No. 4518 Shenandoah Ave. St., 17 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 Lillie Wiehe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20th, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	5	2	

OCCUPATION

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

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

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 John Wiehe

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

MOTHER

15. MAIDEN NAME Wilhelmenia Temme

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

17. INFORMANT Mrs Lillie Wiehe
(ADDRESS) 4518 Shenandoah Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion's Cemetery DATE July 25th, 1936

19. UNDERTAKER Drehmann Varal
(ADDRESS) 1905 Union Blvd.

20. FILED JUL 22 1936, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to July 21st, 1936

I last saw him alive on July 21, 1936. Death is said to have occurred on the date stated above, at 4:40 A.M.

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

	Date of onset
Hemiplegic Results of Cerebral Hemorrhage	
Other contributory causes of importance:	
Chronic Interstitial nephritis	3

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) D. A. Thomson, M. D.

(Address) 3121 N. Grand

3121 N Grand
2-4