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.

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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH
County
Township
City St. Louis, Mo. (No. 2118 Russell Blvd., St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No. 3735
Registered No. 770

2. FULL NAME Bessie B. Wiesner
(a) Residence, No. 2118 Russell Blvd. St., 23 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. F. B. Weisner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1883

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	8	2	

OCCUPATION
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) Wisconsin

FATHER
13. NAME John Krarnik
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-SLOVAKIA

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Dr. F. B. Wiesner, 2118 Russell Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Missouri Crematory DATE 1/18/37, 19

19. UNDERTAKER (ADDRESS) Wm. C. Maydell, 1926 Allen Ave.

20. FILED ..., 19 J. A. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to Jan 15, 1937
I last saw her alive on Jan 15 - 37, 19 Death is said to have occurred on the date stated above, at 2:45pm.
The principal cause of death and related causes of importance were as follows:

Endocarditis Chronic — Date of onset: Indefinite

92a

Other contributory causes of importance: Artero-Sclerosis. Indefinite.

Name of operation None. Date of
What test confirmed diagnosis? None. 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? No.
If so, specify R. I. Rigler M.D.
(Signed) 4158 Newstead Av., M. D.
(Address)