

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County
Township
City St Louis, Mo. (No.)

Registration District No. 791
Primary Registration District No. 1003
City Sanitarium

File No. 18729
Registered No. 5305
St. Ward)

2. FULL NAME Frank Wiener

(a) Residence, No. 2215 S. 7th St St. 23 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 57

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

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

10. Date deceased last worked at this occupation (month and year) About 1912 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Austria, Hungary

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Austria Hungary

17. INFORMANT T.C. Campbell, M.D. (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REQUIEM PLACE Calvary DATE May 28 1937

19. UNDERTAKER J. Stephen Land & Co (ADDRESS) 28 42 Michigan

20. FILE MAY 28 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/25/37 19

22. I HEREBY CERTIFY, That I attended deceased from 1-1-36 19, to 5/25/37 19.

I last saw him alive on 5/25/37 19. Death is said to have occurred on the date stated above, at 9:00 m. A.M.

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

Liver Abscess 5-14-37 Date of onset traumatic
Peritonitis 5-23-37 Cause unknown

Other contributory causes of importance:
Arteriosclerosis 1-1-36 x
Senility 1-1-36x
Chronic Myocarditis 1-1-36x

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

28. 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 A. C. Campbell, M. D. (Signed) A. C. Campbell

(Address) 5400 Arsenal St

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.

223 243 223

