

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 Jackson
Township Kear
City Keosauqua

Registration District No. 399
Primary Registration District No. 1002
(No. St. Lukes Hosp.)

File No. 19154
Registered No. _____
St. _____ Ward _____

2. FULL NAME William H. Wiseman

(a) Residence, No. 3909 E. 39 St. St. _____ Ward _____
(Usual place of abode)

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. (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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1886

7. AGE YEARS 51 MONTHS 4 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug Salesman
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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Frederic Wiseman

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Hazel Wiseman (ADDRESS) 3909 E. 39 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo. DATE May 24, 37

19. UNDERTAKER (ADDRESS) Stevens & McCluskey
3235 Bellvue Plaza

20. FILED May 24, 1937 M. M. Crowe, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw him alive on Post Mortem Only Death is said to have occurred on the date stated above, at 2:54 p.m.
The principal cause of death and related causes of importance were as follows:

Massive Pulmonary Embolism Date of onset 5 min
12211

Other contributory causes of importance: Strabismic Squint Heart
Removal Vins 5th
Name of operation Bilateral Nephrectomy Date of _____
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? _____
If so, specify _____
(Signed) H. C. Berry (Address) St. Lukes Hospital KC Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. STATE OF MISSOURI: No information should be carelessly supplied. AGE should be stated EXACTLY. PHYSICIANS should state

OCCUPATION

FATHER

MOTHER

16
31

