

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

Do not use this space.

19061

1. PLACE OF DEATH  
 County Franklin Registration District No. 297 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3016 Registered No. 34  
 City Washington, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Gustave Edward Wissmann.  
 (a) Residence No. 312 Locust St., Washington, Mo. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 19 yrs.  mos.  ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 23, 1937.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF MATHILDA WISSMANN Mathilda Wissmann.

22. I HEREBY CERTIFY, that I attended deceased from Dec 1934 19\_\_\_\_, to March 2 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12th, 1869.

I last saw him alive on April 5, 1937 Death is said to have occurred on the date stated above, at 7:15 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 0 20

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

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

Chronic nephritis  
 Date of onset \_\_\_\_\_

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

10. Date deceased last worked at this occupation (month and year) 1916. 11. Total time (years) spent in this occupation 21

Other contributory causes of importance:  
Arteriosclerosis  
 59

12. BIRTHPLACE (CITY OR TOWN) Berger, (STATE OR COUNTRY) Mo.

13. NAME Simon H. Wissmann.

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

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

15. MAIDEN NAME Fredericka Walbrink.

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

17. INFORMANT Mrs. Mathilda Wissmann, (ADDRESS) Washington, Mo.

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.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Washington, Mo. DATE Apr. 4th, 1937

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

19. UNDERTAKER Nieburg & Vitt, Inc. (ADDRESS) Washington, Mo.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

20. FILED April 3- 1937 H. D. May Registrar.

(Signed) [Signature], M. D.  
 (Address) Washington Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

