96 JUL 31 1937

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

Do not use this space.

24900

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123 — File No.

Township Carandelet — Primary Registration District No. 6248 B — Registered No. 233

City Jefferson-Barracks (No. Veterans Facility Administration St. Ward)

2. FULL NAME George Wiesendanger

(a) Residence, No. St., 2 Ward. Highland, Illinois.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. Unkn. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 30, 1871

7. AGE: YEARS 65 — MONTHS 8 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

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.: Farming
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): Highland, Illinois.

FATHER

13. NAME: John Wiesendanger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Annie Steefesss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Highland Illinois

17. INFORMANT (ADDRESS): Clinical Clerk M. Schillig VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE June 3 1937

19. UNDERTAKER (ADDRESS): C. Hoffmeister U. & L. Co. 7814 S. Broadway

20. FILED June 2 1937 G. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1937, to June 1, 1937

I last saw him alive on June 1, 1937. Death is said to have occurred on the date stated above, at 2:10 P. M.

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

	Date of onset
Arteriosclerosis, generalized; chr. myocarditis.	Unkn
Other contributory causes of importance: Diabetes Mellitus, senility	Unkn.

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Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? NO

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 W. L. Fleck

(Signed) W. L. FLECK Act. Chief Med. Off., M. D.

(Address) VAF Jefferson Barracks, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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