NOV 15 1937

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

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9217

City St Louis (No. 4357 Desoto Ave St. ..... Ward)

2. FULL NAME Henry H. Wierhake

(a) Residence, No. 4357 Desota Ave St., 9 Ward. (If nonresident, give city or town and State)
(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.

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 Augusta Wierhake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12 Th 1864

7. AGE: 73 YEARS 6 MONTHS 18 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stove
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Moulder
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) Germany

FATHER
13. NAME William Wierhake
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elisabeth Ulenbeck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Augusta Wierhake 4371 Desota Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St JOhns Cemetery DATE Oct, 4 Th 1937

19. UNDERTAKER (ADDRESS) Edward Koch 3516 N 19 St Ste

20. FILED OCT 1 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1937, to Oct 1., 1937
I last saw him alive on Sept. 30, 1937. Death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Aout
Scirrhus	Feb. 1. 1937
Anasarca	30 day
Other contributory causes of importance:	
Anasarca	30 day

Name of operation None. Date of .....
What test confirmed diagnosis? ..... 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 .....
(Signed) Herman L. Fontein, M. D.
(Address) 2728 N 11 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.