

FEB 12 1938

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

444
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **781**
 (b) Township Primary Registration District No. **1073**
 (c) City **St. Louis** (d) Street No. **Barnes Hospital** Registered No. **300**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Louis Victor Wies 207
 (a) Residence, No. **1030 Bond Ave.,** St. **MR** **E. St. Louis, Ill.**
 (Usual place of abode, if no street address, write county or city) (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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 23, 1907**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 6 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Filling Sta. At**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Shell Gas**
 10. Date deceased last worked at this occupation (month and year) **JAN. 1938** 11. Total time (years) spent in this occupation **2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **E. St. Louis, Ill.**

13. NAME **Frank B. Wies**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **E. St. Louis, Ill.**

15. MAIDEN NAME **Mary Stark**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Rolla, Mo.**

17. INFORMANT (ADDRESS) **Ben Wies East St. Louis, Ill.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **E. St. Louis, Ill.** DATE **Jan. 12, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **East St. Louis, Ill.**

20. FILED **JAN 10 1938** **J. T. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 10, 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **124** m.

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

Fracture of Sternum and Rib and Traumatic Pneumonia, as a result of a collision of the Automobile driven by deceased with another machine at the intersection of Kingshighway and Route #50 East St. Louis, Ill. April 11:30 P.M. on Jan 2 - 1938
 The occupants of both cars were **uninjured & injured**
 What test could be diagnosed? was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: **open** Date of injury **1/2 1938**

Where did injury occur? **East St. Louis, Ill.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **See above**
 Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **Joseph M. Quinn, M.D.**

(Signed) **Deputy Coroner**
 (Address)

Cause of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

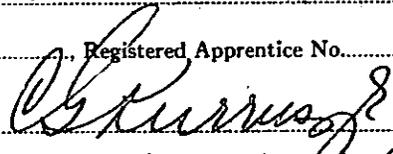
I, C. G. Kurrus, Jr., Licensed Embalmer No. 3162

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed


Licensed Embalmer No. 3162

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)