

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

22 1938

REC'D JUN 7 1938

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

1  
19601  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township ST. FERDINAND Primary Registration District No. 202  
(c) City ..... (d) Street No. 557 HEATON AVE Registered No. 894  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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. — ds.

2. PRINT FULL NAME

BABY WIESNER 251  
(a) Residence, No. 557 HEATON AVE St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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) SINGLE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 21 1938

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

22. I HEREBY CERTIFY, That I attended deceased from May 21 1938, to May 21 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 21-1938

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

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

to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

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

still born  
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PROSPECT HILL Mo.

Other contributory causes of importance:  
Strangulation with cerebral chord.

FATHER 13. NAME AUGUST WIESNER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

MOTHER 15. MAIDEN NAME ALMA DIERICH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

17. INFORMANT (ADDRESS) AUGUST WIESNER 557 HEATON AVE

23. If death was due to external causes (violence), fill in also the following:

18. BURIAL, CREMATION, OR REMOVAL PLACE BETHLEHAM CEM DATE MAY 23 38

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

19. FUNERAL DIRECTOR (NAME) (ADDRESS) DIERICH F. HOME 8319 HALLS FERRY RD I.R. Meyer M.D. 27

Where did injury occur? in uterus (Specify city or town, county, and State)

20. FILED MAY 22 1938

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) W. A. Wright, M. D.

(Address) 9201 N. Broadway

STATEMENT BY LICENSED EMBALMER

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

*Arthur P. Dieckrich*

*8319. Halle Ferry Rd*

or by

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Arthur P. Dieckrich*

Licensed Embalmer No.

*3556*

P. O. Address

*St. Louis*

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

If this body is not embalmed, above space should be left blank.