

REC'D SEP 12 1938

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

27171  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City **St. Louis** (d) Street No. **4930 Lindell Blvd.** Park Lane Hospital St.  
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Oliver H. Wienecke** **520**  
(a) Residence, No. **5540 Palm St.** St. **6** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 **Luile Wienecke**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 23, 1911**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**27 0 19**

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

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

13. NAME **Andrew C. Wienecke**

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

15. MAIDEN NAME **Gertrude Pieper**

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

17. INFORMANT (ADDRESS) **Mrs. Luile Wienecke**  
**5540 Palm St.**

18. BURIAL INFORMATION FOR REMOVAL PLACE **Calvary Cemetery** DATE **Aug. 16, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Mrs. M. Schumacher**  
**4834 Natural Bridge**

20. FILED **AUG 13 1938** **J. D. Beck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 12, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **August 2nd, 1938**, to **August 12, 1938**  
I last saw him alive on **August 12, 1938**. Death is said to have occurred on the date stated above, at **8:30 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Heat Exhaustion <sup>not a</sup> ~~stroke~~ <sup>Date of onset 8/10/38</sup>**  
**Muscle of appendix**

Other contributory causes of importance: **121**  
**Uremia**  
**Cardiac insufficiency**

Name of operation **Appendectomy** Date of **8.6.38**  
What test confirmed diagnosis? **physical & petechial findings** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **No** Date of injury ..... 19.....  
Where did injury occur? **No**  
(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) **J. D. Beck**, M. D.  
(Address) **4930 Lindell Park Lane Hospital**

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.

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, \_\_\_\_\_

or by \_\_\_\_\_

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

Signed

*Howard F. Rowland*

Licensed Embalmer No.

*3114*

P. O. Address

*St Louis, Mo*

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

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