

RECORDED FEB 1 0 1939

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

701
1003

613
Do not use this space.

613

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City (d) Street No. City 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Louis H. Wieland,

(a) Residence, No. 3410 Humphrey St. St. 16 (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) WIDOWER

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10th 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1939 to Jan 17, 1939
I last saw him alive on Jan 17, 1939 Death is said to have occurred on the date stated above, at 6.05 P.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1884
7. AGE YEARS 54 MONTHS 4 DAYS 25 If LESS than 1 day, hrs. or min.

Cerebral Apoplexy
Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Hotel Proprietor
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation Life

Other contributory causes of importance:
Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio.

FATHER 13. NAME Louis A. Wieland.

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

MOTHER 15. MAIDEN NAME Minnie Klein.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio.

17. INFORMANT (ADDRESS) Mrs. Minnie Wieland. 3410 Humphrey St.

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul. DATE Jan. 21, 1939

19. FUNERAL DIRECTOR (ADDRESS) Bensick Dickman 1431 Oregon Blvd

20. FILED JAN 19 1939 J. F. Budick Local Registrar.

Name of operation 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?
If so, specify (Signature) Frank G. Goffey, M. D.
(Address) 3500 S. South St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Larry M. White

Licensed Embalmer No. *3973*

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.)