

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

JUN 8 1939

18980

1. PLACE OF DEATH
County Jackson Registration District No. 420
Township Talle Primary Registration District No. 5574
City St. Louis (No. 250) St. 1 Ward 1

2. FULL NAME Jacob Wieser
(a) Residence, No. 1244 #1 St. 1 Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? 1 yrs. 1 mos. 0 ds.

File No. 18980
Registered No. 32

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 1851

7. AGE YEARS 87 MONTHS 7 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER FATHER
13. NAME Martin Wieser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER FATHER
15. MAIDEN NAME Christina Hebelinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Emma Liebenzuth
(ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany DATE May 26 1939

19. UNDERTAKER Wendell B. Dittus
(ADDRESS) St. Louis, Mo.

20. FILED 5-26, 1939 Jessie Danneil
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1939

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1939, to May 23, 1939
I last saw him alive on May 23, 1939 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction (Undetermined cause)
Date of onset 5/22 1939

Other contributory causes of importance:
12.2.87

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

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 no
(Signed) Carl C. Lalle M. D.
(Address) De Soto, Mo.

