JUN 2 - 1939

REC'D JUN 8 1938

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

19843
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township
(c) City Wellston
(d) Street No. 1219 Buckner Ave. 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.

Registration District No. 784
Primary Registration District No. 700
Registered No. 995

2. PRINT FULL NAME 550 Herman Wieman.
(a) Residence, No. 1219 Buckner Ave. St.
(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) December 12, 1869.

7. AGE: YEARS 69 | MONTHS 5 | DAYS 18 | If LESS than 1 day, ...hrs. or ....min.

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

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

FATHER
13. NAME Herman Wieman.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Louise Brinkman.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Mrs. Elizabeth Huggins. 1219 Buckner Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE June 2, 1939.

FUNERAL DIRECTOR (NAME) Geo. L. Pleitsch Inc.
(ADDRESS) 5966-68 Easton Ave.

20. FILED JUN 2 - 1939 R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 30th, 1939, to May 30th, 1939
I last saw him alive on May 30, 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:

	Date of onset
Chronic Myocarditis + acute dil	1937

Other contributory causes of importance:

93C

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 .....
(Signed) Walter B. Yost, M. D.
(Address) 6635 Delmar Blvd

(Licensed Embalmer's Statement on Reverse Side)

...of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...TH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

96

Dr. Walter B. Jones

6635 Delmar Blvd.

10 to 1 9 m.

Pa 17241

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, 3454 David C. Gibson, or by .....

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address.....

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

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