

1939 JUL 12

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

20730  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008**  
(c) or City..... **St. Louis, Mo.** (d) Street No. **City Infirmery** St.  
(e) Length of residence in city or town where death occurred **37** yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Paul Wiesner**

(a) Residence, No. **5800 Arsenal St.** St. **13** (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) **Widowed.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Celeste Weber.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 4, 1871.**

7. AGE YEARS **78** MONTHS **5** DAYS **17** If LESS than 1 day, .....hra. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Butcher**  
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany. 6**

FATHER 13. NAME **Reinholdt Wiesner. 6**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany. 6**

MOTHER 15. MAIDEN NAME **Marie Liebert, 6**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

17. INFORMANT (ADDRESS) **E. Molony, 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park June 24 '39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **A. Kern Lyle Co 2707 N. Grand Blvd**

20. FILED **JUN 23 1939** **J. O. Brudick Local Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 21, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **December 6, 1937 to June 21, 1939**

I last saw him alive on **June 21, 1939** Death is said to have occurred on the date stated above, at **3:00 P.M.**

The principal cause of death and related causes of importance were as follows:

*Coronary atherosclerosis*  
**59**

Other contributory causes of importance:  
*Diabetes Mellitus*  
*Prostate hypertrophy*  
*Dilated arteriosclerotic non-malignant atherosclerosis*  
Name of operation *non* What test confirmed diagnosis? *non* Was there an autopsy? *non*

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) **A. Potaxhuck**, M. D.  
(Address) **5600 Greenwood**

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.

1 X10003

**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 *Paul H. Krollenberg*  
Licensed Embalmer No. *2634*  
P. O. Address *2707 - 77 Grand St*

**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.**