. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9417

Registrar's No. 3335

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5367 Wells Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank J Wise

3. (b) If veteran, name war None

3. (c) Social Security No. 488-10-8106

4. Sex Male

5. Color or race White

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ Married

6. (b) Name of husband or wife Grace

6. (c) Age of ~~husband~~ or wife if alive 47 years

7. Birth date of deceased Jan (Month) 28 (Day) 1883 (Year)

8. AGE: Years 59 Months 2 Days 15 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) (State or foreign country)

10. Usual occupation Printing Pressman

11. Industry or business Brown & Brown Ptg Co

FATHER
12. Name Jacob Wise
13. Birthplace Switzerland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Germany (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Grace Wise
(b) Address 5367 Wells Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Geo L Pleitsch
(b) Address 5966 Easton Ave St Louis Mo

19. (a) APR 14 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12, year 1942 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from April 10, 1942 to April 12, 1942 that I last saw him alive on April 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. M. Karl (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 4/14/42

(Licensed Embalmer's Statement on Reverse Side)

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 3454 David C. Gibson, Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton 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, fact should be so stated above.