S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15706

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4914

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: 2118 Russell Blvd (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 23

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

(d) Street No. 2118 Russell Blvd. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dr. ~~B. J.~~ Bohumil J. Wiesner

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 3 (Day) 1873 (Year)

8. AGE: Years 72 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Chicago Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business

FATHER
12. Name James Wiesner
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Hurt
15. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

16. (a) Informant Dr. F. B. Wiesner

(b) Address 2118 Russell Blvd

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/2/45 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wm C Mozaell

(b) Address 1926 Allen Av.

19. (a) (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

JUN 2 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1945 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Mch. 22-45 1945 to May 30 1945 that I last saw him alive on May 29 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration: 3 day

Due to: Bright's disease. Chr. Indef.

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy

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 R. D. Rigler (M. D. or other)

Address 415 S Newstead Av Date signed 6/1-45

(Licensed Embalmer's Statement on Reverse Side)

OCT 15 1945

OCT 19 1945

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 me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen av

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.