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.

2723

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. Deaconess Hosp. St. ..... Ward)

File No. .....

Registered No. 422

2. FULL NAME Katherine Wiese

(a) Residence, No. 3101 Laclede Rd. St., 4 Ward. St. Louis Co. Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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 Henry W. Wiese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 186

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

FATHER

13. NAME William Dreyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 31

17. INFORMANT (ADDRESS) Mrs. Minnie Nau 3101 Laclede Rd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews Cem DATE Jan. 14, 1932

19. UNDERTAKER (ADDRESS) Croghan Und. Co. INC. 7146 Manchester Ave.

20. FILED JAN 13 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-10-, 1932, to 1-11, 1932

I last saw her alive on 1-11-, 1932 Death is said to have occurred on the date stated above, at 7:15 P.m.

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

	Date of onset
Pulmonary Edema	
Falling down Stairs	
Accident	

Other contributory causes of importance:

(1) fracture of 4 ribs on right side (2) Fracture of body of sternum with over riding (3) multiple lacerations & contusions

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? accident Date of injury 1-10, 1932

Where did injury occur? Maplewood, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell down stairway

Nature of injury Fractures, multiple lacerations & contusions

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) Vincent Townsend, M. D.

(Address) 8101 A Sutton Ave. Maplewood, Mo.