

DEC 13 1937

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

39863
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City ST. LOUIS MO. (d) Street No. 6763 ARSENAL ST. Registered No. 10850
(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.

2. PRINT FULL NAME

MARGUERITE WIESEHAN
(a) Residence, No. 6763 ARSENAL ST. St. 3
(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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE; MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FREDRICK WIESEHAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 12-1891
7. AGE YEARS 46 MONTHS 6 DAYS 9 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
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, MISSOURI

FATHER 13. NAME JOSEPH GATEMAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER 15. MAIDEN NAME KATHERINE McEVoy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT (ADDRESS) FREDRICK WIESEHAN 6763 ARSENAL ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE NOV 24 1937

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schmur 3125 LA FAYETTE AV.

20. FILED NOV 23 1937 19 J. G. Bridick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 21 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct. 11 1937 to NOV. 21 1937
I last saw her alive on NOV. 21 1937 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:
myocarditis, ch.
Date of onset NO
not known

Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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. Murphy M. D.
(Address) 6821 Manchester Dr.

STATEMENT BY LICENSED EMBALMER

I, James Sullivan, Licensed Embalmer No. 2260,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James Sullivan
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed James Sullivan
Licensed Embalmer No. 2260

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.)