

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

33249
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 101
 (c) City Clayton (d) Street No. County Hospital St.
 (e) Length of residence in city or town where death occurred 82 yrs. 11 mos. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME Mary Marie Wieser 260
 (a) Residence, No. 3732 Sylvan Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Wife of Jacob Wieser
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 11 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) St. Louis 0
 (STATE OR COUNTRY) Missouri
 FATHER 13. NAME Peter Gerst 6
 14. BIRTHPLACE (CITY OR TOWN) Germany 6
 (STATE OR COUNTRY)
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) Germany
 17. INFORMANT Mr. Harry Wieser
 (ADDRESS) 3732 Sylvan Place
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bethany Cem. DATE Oct. 10, 1938
 19. FUNERAL DIRECTOR Suedmeyer & Sons
 (ADDRESS) 3934 N. 20th St.
 20. DATE OCT 8 1938 19 J. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1938 19
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 AM.
 The principal cause of death and related causes of importance were as follows:
Accidental fall upon floor
of own home. 8/28/38
 Date of onset
 Other contributory causes of importance:
Fracture of Neck of Right Femur 8/28
Acute broncho pneumonia few days
 Name of operation _____ Date of _____
 What test confirmed diagnosis? physical Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accident Date of injury 8/28/38
 Where did injury occur? Pine Lawn, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Home
 Manner of injury Feet on floor
 Nature of injury Fractured R. Femur
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) John O. Small M. D.
707 (address) Croner of St. Louis County, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Geo. P. Schubert, Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

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.)