

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. 2814 Arsenal)

File No. **23196**

Registered No. **6891**

St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. 2814 Arsenal St., N<sup>th</sup> Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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

**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 Fred W. Harstiek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 - 23

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

10. NAME OF FATHER Rudolph Weiersmutter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

14. INFORMANT (Address) Fred Harstiek 2814 Arsenal St.

15. FILED Man. G. Staroff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1927

17. I HEREBY CERTIFY That I attended death from July 25, 1927, to July 28, 1927 that I last saw h. or alive on July 28, 1927, and that death occurred, on the date stated above, at 5:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of stomach

440 (duration) 1 yrs. mos. da.  
CONTRIBUTORY Sub-acute nephritis due to (SECONDARY) Carcinoma of stomach (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes, DATE OF.....  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Laboratory  
(Signed) Heuckbauer, M. D.

7/29, 1927 (Address) 3147 S. Jefferson Av.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
New St. Marcus Aug. 1 1927

20. UNDERTAKER ADDRESS  
Wachs-Haldell 2331 N. Big

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.

