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.

File No. 26982
Registered No. 8185

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1008
City St. Louis (No. 3767 Penrose St. ..... Ward)

2. FULL NAME William Weyer

(a) Residence. No. 3767 Penrose St. 10 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. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora nee Wiemecke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	4	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cigar Maker
(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) Germany

PARENTS
10. NAME OF FATHER William Weyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Minna Lesemann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT William Meyer
(Address) 1824 N. 23rd St.

15. FILED JUL 26 1931 Wm C Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23rd 1931

17. I HEREBY CERTIFY, That I attended deceased from ..... 1926 to July 23 1931, that I last saw him alive on July 23 1931, and that death occurred, on the date stated above, at 2.50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Obstruction
due to Fecal Impaction
59
1223 (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus
(duration) 6 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinically & Laboratory
(Signed) Raymond H. Snyder M. D.
7-25 1931 (Address) 705 - Olive St

*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 Old Bethlehem — DATE OF BURIAL 7-27 1931

20. UNDERTAKER Wm. Bro. L. & U. Co. — ADDRESS 2929 S. Jefferson