

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

Do not use this space.

29813

1. PLACE OF DEATH

County

Registration District No. 791
1000

Township

Primary Registration District No.

City St. Louis (No. 4337, Laclede Ave St. Ward)

File No.

Registered No. 8856

2. FULL NAME

(a) Residence, No. 4337 Laclede Ave. St. 19 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 Male 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 Lda Weir

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 3 3

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rock Island RR

10. Date deceased last worked at this occupation (month and year) April 1927 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME William Weir

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Lda Weir 4337 Laclede Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthew Cem. DATE Aug 19 1931

19. UNDERTAKER (ADDRESS) Whehmann & Kahl 1905 Union Blvd

20. FILED AUG 18 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1931, to Aug 17 1931

I last saw him alive on Aug 17 1931. Death is said to have occurred on the date stated above, at 1:40 P.M.

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

Lobar Pneumonia

Date of onset

Aug 10 1931

Other contributory causes of importance: 108/108

Name of operation Date of

What test confirmed diagnosis? Chest 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? no

If so, specify

(Signed) A. P. Mensch, M. D.

(Address) 306 Humboldt St

St. Louis 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.

No. 11
1871