

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

Do not use this space.

35029

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 003
City St. Louis (No. 5033A Whippans)

File No.....
Registered No. 9241
St..... Ward)

2. FULL NAME

(a) Residence, No. Edward S. Wealing St. 15 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 Delia Wealing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9th 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 8 16

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Dairy

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

13. NAME Charles Wealing

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

15. MAIDEN NAME Katherine Borocoran

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Mrs. Delia Wealing (ADDRESS) 5033A Whippans St

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabarr DATE Oct 27th 1933

19. UNDERTAKER Arthur J. Donnelly & Co (ADDRESS) 3840 Lumber St

20. FILED 20 1933 J. H. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1930, to Oct. 25 1933.

I last saw him alive on Oct. 24 1933. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

23A
23B Pulmonary Tuberculosis

Other contributory causes of importance: Pulm. Hemorrhage

Name of operation none Date of.....
What test confirmed diagnosis? Sputum 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) Lawrence Schlenker, M. D.
(Address) 3515 S. Grand St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 10 1933

Mr L. J. Schlueter

3606 Ervaca

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2-3