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

Do not use this space.
3468 13 N

File No. 1173
Registered No.

1. PLACE OF DEATH

County
Township
City St Louis (No. 102 N. 12th St. St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Howard Weihmiller

(a) Residence, No. 102 N. 12th St., 25 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16-1892

7. AGE Years 41 Months 10 Days 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York Penn

FATHER
13. NAME John Weihmiller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York Penn

MOTHER
15. MAIDEN NAME Emma Gladfelter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York Penn

17. INFORMANT (ADDRESS) Emma K. Weihmiller 102 N. 12th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE York Penn DATE Feb 3 1934

19. UNDERTAKER (ADDRESS) Cullen Kelly 1714 Mo. St.

20. FILED FEB - 1 1934 19 J. F. Biedeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/9/34 19.... to 1/31/34 19....
I last saw h.... alive on 1/31/34 19.... Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1/20/34
107A	
156B	

10 A

Other contributory causes of importance:
Debility from
Mitral Stenosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) H. W. Oeder, M. D.
(Address) 3/C Frisco Bldg

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.
MAR 24 1934

MAR 20 1957