

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County.....

Registration District No. **791**

1003

File No. **7167**

Township.....

Primary Registration District No. **2050**

Registered No. **2050**

City **St. Louis** (No. **5343**, **Arsenal St.**)

St. Ward)

2. FULL NAME

(a) Residence, No. **5343-Arsenal St.** **13** Ward.

(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 Dorothea Weigel		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 23 - 1871		
7. AGE	YEARS 62	MONTHS 10
	DAYS 3	If LESS than 1 day, hrs. or min.

OCCUPATION

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

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).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis, Mo

13. NAME
Valtin A Weigel

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

15. MAIDEN NAME
Unknown

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

17. INFORMANT (ADDRESS)
Dorothea Weigel, 5343-Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE
St. Peter's Paul, Mar 1, 1934

19. UNDERTAKER (ADDRESS)
Wackey-Beldede, 2331 Broadway

20. FILED
Feb 21 1934 J. Brudeck Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 26, 1934**

22. I HEREBY CERTIFY, That I attended deceased from
Jan 27, 1934, to Feb. 26th, 1934
I last saw him alive on **Feb 26th, 1934** Death is said to have occurred on the date stated above, at **3 1/2** m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver, metastases to lungs
MI
MI
Other contributory causes of importance:
Carcinoma of testicles, prostate

Name of operation **none** Date of.....

What test confirmed diagnosis?..... 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) **John M. Connelley, M. D.**
(Address) **5005 - Travis Ave.**

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.

