

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

Do not use this space.

18744

File No. _____
Registered No. 5253
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1008
City St. Louis Mo (No. Discovers 1008)

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24-1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 11 00

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter
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) Germany

FATHER 13. NAME W. Weimer

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

MOTHER 15. MAIDEN NAME not known

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

17. INFORMANT (ADDRESS) Alvin B. Weimer
1025 Forest av

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Margaret's Ch. DATE May 28 1934

19. UNDERTAKER (ADDRESS) John E. Ziegler
2927 N. 1st St.

20. FILED 19 34 J. Bredeck Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1934, to May 24, 1934
I last saw him alive on May 24, 1934 Death is said to have occurred on the date stated above, at 11:40 P.

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

Coronary
Heart
Pancreas
46
Other contributory causes of importance: _____

Name of operation Exploratory Laparotomy of 5/24/34
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? _____
If so, specify _____

(Signed) L. W. Kauffman M. D.
(Address) 703 Pennsylvania Bldg.

JUN 19 1934

STATE OF CALIFORNIA

County of _____

Know all men that _____

of the County of _____ State of California

do hereby certify that _____

is the true and correct copy of _____

as the same appears from the _____

of the County of _____ State of California

in _____

County Clerk