

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

Do not use this space.

791
1003

21813

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Jewish Hosp)

File No.....
Registered No. 5539
St. Ward)

2. FULL NAME

(a) Residence, No. 6179 Watkinson St., 5 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>not known</u> | | |
| 7. AGE YEARS <u>about 75</u> | MONTHS | DAYS |
| 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. <u>schoolteacher</u> | | |
| 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) <u>St. Louis Mo.</u> | | |
| 13. NAME <u>Carl Weil</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u> | | |
| 15. MAIDEN NAME <u>unknown</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prussia</u> | | |
| 17. INFORMANT <u>Gertude Wehler</u> (ADDRESS) <u>1188 4th St</u> | | |
| 18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Louis</u> DATE <u>June 3 1934</u> | | |
| 19. UNDERTAKER <u>Herman Feinberg</u> (ADDRESS) <u>1188 4th St</u> | | |
| 20. FILED <u>1934</u> <u>J. Credick</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1934

22. I HEREBY CERTIFY That I attended deceased from May 22, 1934 to June 2, 1934.
I last saw him/her alive on June 1, 1934. Death is said to have occurred on the date stated above, at 1:40 a.m.
The principal cause of death and related causes of importance were as follows:
Gangrene (Diabetic) of leg - 59
Other contributory causes of importance
Gangrene Diabetic

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?.....
If so, specify Gangrene Diabetic, M. D.
(Signed) J. Credick
(Address) Jewish Hosp

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.

WRITE PLAINLY, WITH CARE

Dr J. Y. Probststein
Jewish Hoop