

SEP 25 1934

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

Do not use this space.

30674

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Central Primary Registration District No. 60339
City Clayton (No. St. Louis County Map St. _____ Ward _____

2. FULL NAME

Jacob Weigler
(a) Residence, No. Ballenton Mo 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 0 20

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

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) Mo.

13. NAME Fred Weigler

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

15. MAIDEN NAME Agnes Pieth

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

17. INFORMANT John D. Massey (ADDRESS) Clayton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ballenton Mo DATE 8/10

19. UNDERTAKER Louis Bopp (ADDRESS) Turkwood Mo

20. FILED 8/9 1934 Robt J. Ankrust Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8- 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1934 to Aug 7 1934

I last saw him alive on 8:00 P.M. Aug 7, 1934 Death is said to have occurred on the date stated above, at 4 P.M. Aug 8.

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

Nephritis acute
uremia

Date of onset ?
Aug 6.

Other contributory causes of importance: 1930
690
1911

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, homicide _____ Date of injury _____, 19____
When and injury occur? _____
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) Chas R Ozias, M. D.
(Address) Eureka, Mo

1911

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 UNFADING INK—THIS IS A PERMANENT RECORD

96
297

1
10
31

Handwritten notes:
Chas R Ozias, M.D.
Eureka, Mo
1911
1934
8/9
Ballenton Mo
Clayton Mo

Handwritten signature or scribble, possibly including the name "John" and other illegible characters.

#2 St. Louis.

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,

BUREAU OF THE CENSUS

Special Agent,

Jefferson City, Mo.

WASHINGTON

259

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Jacob Wengler
Who died at _____ on 8-8-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race wh. Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 81 Months 0 Days 20

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year 1934

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Nephritis, acute, terminal
Toxemia of heart exhaustion, old age.

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Chas R Ozias MD

Address of physician Eureka, Mo.

Signature of Registrar Robert J. Cumberston Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 790 Very truly yours,

Primary Reg. Dist. No. 6033a E. T. McGaugh
State Registrar

Special Agent.

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