

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

Do not use this space.

41469

JAN 14 1935

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *13488*)

City *St. Louis*

File No. **11481**

Registered No. **11481**

St. Ward

2. FULL NAME

(a) Residence, No. *2007 1/2 11th St.* **23** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **73** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>w.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i> <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>-</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept. 21 - 1861</i>		
7. AGE	YEARS <i>73</i>	MONTHS <i>2</i>
	DAYS <i>9</i>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>nil.</i>
	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 *Charles Weiss*

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

15. MAIDEN NAME *Josephine Klippel*

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

17. INFORMANT *Step J. J. ...*
(ADDRESS) *City St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New St. Mary* DATE *Dec 3 1934*

19. UNDERTAKER *Wacker Felder*
(ADDRESS) *2331 Broadway*

20. FILED **11-3** 1934 19
J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 30, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *11/12, 1934* to *11/30, 1934*, 19*34*

I last saw him alive on *11/30, 1934* Death is said

to have occurred on the date stated above, at *4:30* p. m.

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

93C

95B *Arterial Ht. Disease*

Ch. Myocardiosis

Other contributory causes of importance:

93C

Name of operation..... 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?.....
If so, specify *Stroke*

(Signed) *Step J. J. ...*, M. D.
(Address) *City St. Louis*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

