

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

Do not use this space.

32294

1. PLACE OF DEATH

County St. Louis
Township Wentz
City Wentz

Registration District No. 790
Primary Registration District No. 60332
(No. St. Louis County Hospital)

File No. _____
Registered No. 307
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3654 Oakdale 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe Weiss</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19, 1870</u>		
7. AGE <u>66</u>	YEARS <u>1</u>	MONTHS <u>19</u>
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>Housework</u>		11. Total time (years) spent in this occupation _____
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) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/8/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/6/36, 1936, to 8/8/36, 1936
I last saw him alive on 8/4/36, 1936. Death is said to have occurred on the date stated above, at 10:25 m. 8/8/36
The principal cause of death and related causes of importance were as follows:
Op. Myocardit. Acute dilatation
Date of onset _____

Other contributory causes of importance:
arteriosclerosis

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>St. Louis</u>
	13. NAME <u>John Humbel</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>unknown</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Fred Adelman 3654 Oakdale Ave</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lakewood Park Cem</u> DATE <u>8/12/36</u>	
19. UNDERTAKER (ADDRESS) <u>Bensick - Niehaus 1132 N 6th St.</u>	
20. FILED <u>8/10</u> 19 <u>36</u> <u>Dra J. Igniwell</u> Registrar.	

Name of operation _____ Date of _____
What test confirmed diagnosis? Chlase 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 L. F. Allison, M. D.
(Signed) _____ (Address) St. Louis County 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.

