

Do not use this space.

AUG 30 1937

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

28371

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. _____
Township _____ Primary Registration District No. 6248B Registered No. 278
City Jefferson Barracks (No. Veterans Administration Facility) St. _____ Ward _____

2. FULL NAME

Clem WEICK

(a) Residence, No. 2312 S. 9th St. _____ Ward St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. dwnds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lillian Weick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 6, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
47 7 3

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Undertaker

10. Date deceased last worked at this occupation (month and year) Unavailable 11. Total time (years) spent in this occupation Unav.

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Clem Weick

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elizabeth Meyer

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT M. Schullig Clinical Clerk (ADDRESS) V.A. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE July 18, 1937

19. UNDERTAKER WEICK Bros (ADDRESS) 2701 B Canal

20. FILED July 9 1937 G. Mowrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1937 to July 9, 1937

I last saw him alive on July 9, 1937. Death is said to have occurred on the date stated above, at 2:25 a.m.

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

Myocarditis, chronic, hypertrophy and dilatation, congestive type of cardiac failure

Date of onset
Unkn.

Other contributory causes of importance: None

Name of operation None Date of _____
What was the physical examination and clinical manifestations 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 _____
(Signed) C. V. HUGHES, M. D.
Ch. Med. Officer, V.A. Fac., Jeff. Brks., Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

OCCUPATION

FATHER

MOTHER

