

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.

AUG 5 1938 SEP 9 1938

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

29976
 Do not use this space.

1. PLACE OF DEATH
 (a) County St Louis
 (b) Township Clayton
 (c) City Glendale
 (d) Street No. Kirkham & Sappington Rd's
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Robert Weiland
 (a) Residence, No. 9331 Manchester Rd St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha R Weiland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	2	18	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Upholsterer
 9. Industry or business in which work was done, as 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) Missouri

FATHER
 13. NAME John Weiland
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Barbra Kuhl
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT A Rosenleister
 (ADDRESS) Kirkham & Sappington Rd's

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lake Charles DATE Aug 17 1938

19. FUNERAL DIRECTOR Louis H Bopp
 (ADDRESS) 131 W Argonne Dr Kirkwood Mo.

20. FILE AUG 15 1938
J. R. Meyer M.D.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sunday Aug 14th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1938, to Aug 14th 1938
 I last saw him alive on Aug 14th 1938. Death is said to have occurred on the date stated above, at 5:45 p.m.
 The principal cause of death and related causes of importance were as follows:
arterial stenosis
arteriosclerosis
 Date of onset arteriosclerosis
 Other contributory causes of importance:
arteriosclerosis
 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? no
 If so, specify _____
 (Signed) Joseph Knichel, M. D.
 (Address) 73063rd Manchester Ave
Manchester Mo

STATEMENT BY LICENSED EMBALMER

I, Felix Durand Licensed Embalmer No. 3034

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Felix Durand

Licensed Embalmer No. 3034

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)