APR 5 - 1939

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

12412
Do not use this space.

REC'D APR 7 1939

1. PLACE OF DEATH
(a) County Saint Louis — Registration District No. 784
(b) Township Carondelet — Primary Registration District No. 200 — Registered No. 621
(c) or City ~~Jefferson Barracks~~ — (d) Street No. Veterans Facility St.
(e) Length of residence in city or town where death occurred Unkn yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Henry Weisweber
(a) Residence, No. 4316 McPherson Avenue, Saint St. Louis, Missouri.
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Dorothy Weisweber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1902

7. AGE: YEARS 37 — MONTHS 1 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
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) Saint Louis Missouri

FATHER
13. NAME Henry Weisweber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Germany

MOTHER
15. MAIDEN NAME Dora Brummer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Germany

17. INFORMANT (ADDRESS) Clinical Clerk, VAF, Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Cem. DATE April 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. Broadway St. Louis, Mo.

20. FILED APR 5 - 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939 to April 4, 1939
I last saw him alive on April 4, 1939. Death is said to have occurred on the date stated above, at 5:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy, acute, suppurative, left (empyema) complication of	9 days
Pneumonia, acute, lobar.	3-9-39

Other contributory causes of importance: None

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Name of operation Thoracotomy Date of 3-26-39
What test confirmed diagnosis? Phy. clinical manif. and lab. 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. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF., Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.