

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

17271
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County Registration District No. **781**
 (b) Township Primary Registration District No. **1008**
 (c) City St. Louis, Mo. (d) Street No. 3108 St. Vincent St. _____
 (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 Mr. George Charles Weil
 (a) Residence, No. 3108 St. Vincent St. 17 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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. Mattie Cooper Weil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 30, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	81	7	25	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as law mill, bank, etc. Public Serv. Co.

10. Date deceased last worked at this occupation (month and year) June 1929 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) Cincinnati, (STATE OR COUNTRY) Ohio

FATHER

13. NAME Jacob Weil

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

MOTHER

15. MAIDEN NAME Caroline Ewald

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

17. INFORMANT Mr. Henry Jackson (ADDRESS) 3108 St. Vincent

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE May 27, 1939

19. FUNERAL DIRECTOR Beiderwieden F. H. Inc. (ADDRESS) 1936 St. Louis Avenue

20. FILED MAY 26 1939 J. P. Budak Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1939, to May 25, 1939
 I last saw him alive on May 25, 1939. Death is said to have occurred on the date stated above, at 9:20 AM.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis
Arteriosclerosis
Hypertensive Heart Disease
 Date of onset 5/20/39

Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis? Usual Was there an autopsy? 70

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? 70
 If so, specify _____
 (Signed) Don C. Gail M. D.
 (Address) 1504 So. Grand Blvd.

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

MARON RESERVED FOR BINDING

30M-7-20-37
I 1 X12804

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.

Rv Leon P. H...
1504 S Grand
3-4:30 PM

Per 2828

STATEMENT BY LICENSED EMBALMER

I, Theo. W. Beiderwieden, Licensed Embalmer No. 506

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Theo. W. Beiderwieden

Licensed Embalmer No. 506

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.)