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

Do not use this space. 3208

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 807

Township ..... Primary Registration District No. 1003 Registered No. 807

City St. Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Marie Weibusch

(a) Residence. No. 3454 So. Spring Ave 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
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: William Weibusch

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 15-1871.

7. AGE: Years 55. Months 8. Days 7. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Johann Braun
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

14. INFORMANT: Wm. Weibusch
(Address) 3454 So. Spring Ave

15. FILED JAN 24 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 22nd 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1926, to Jan. 22, 1927, that I last saw her alive on Jan. 22, 1927, and that death occurred, on the date stated above, at 12.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Apoplexy
(duration) ..... yrs. ..... mos. 1 hour ds.

CONTRIBUTORY (SECONDARY): Appendicitis
(duration) ..... yrs. ..... mos. 23 ds.

18. WHERE WAS DISEASE CONTRACTED? 1178
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Dec. 30. 26
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) Emil Simon, M.D.
Jan. 24, 1927 (Address) 1835 S 11th

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mo. Crematory
DATE OF BURIAL: [illegible] 1927

20. UNDERTAKER: Witt Bros L. & U Co 2929 [illegible] Jefferson
ADDRESS

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

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.