

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

Do not use this space.

16550

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. ....

Township.....

Primary Registration District No. **1002**

Registered No. **4445**

City **St. Louis Mo.** (No. **11-20 + 2000**)

St. .... Ward)

**2. FULL NAME** **Max Weiner**

(a) Residence. No. **2624 1/2 St. 21<sup>st</sup>** St. **20** Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 19-1879*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,      hrs. or      min.

*47*

*10*

*21*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*Structural Iron*

(b) General nature of industry, business, or establishment in which employed (or employer)

*Worker 1880*

(c) Name of employer

*1918*

9. BIRTHPLACE (CITY OR TOWN) *Germany*

(STATE OR COUNTRY)

10. NAME OF FATHER *Isaac Weiner*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Don't know*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*

(STATE OR COUNTRY)

14.

INFORMANT *Alvina Weiner*

(Address) *2624 N. 21<sup>st</sup>*

15.

FILED *132 1927*

*May 6 Start of*

REGISTERED

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5-10-27* 19

17.

I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to ....., 19....., and that I last saw him..... alive on..... *1:30 P*....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Shock & Injuries (Internal) Received in fall from building*

CONTRIBUTORY (SECONDARY) *Accident*

18. WHERE WAS DISEASE CONTRACTED *1875*

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY? *Yes*

WHAT TEST CONFIRMED DIAGNOSIS?

*5/11, 1927 (Address) W.P. Coroner*

\*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 *Frederick*

DATE OF BURIAL *May 12 1927*

20. UNDERTAKER *Hy Leidner*

ADDRESS *1417*

*Und 60 St. Market*

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.

