

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Townshp..... Primary Registration District No. 1003
 City St. Louis (No. Alexian Brothers Hospital) St. _____ Ward _____

File No. 28705
 Registered No. 8216

2. FULL NAME

Herrmann Weinsberg
 (a) Residence. No. 2205 So. Jefferson Ave. 23 Ward. _____
 (Usual place of abode) _____ (If nonresident give city or town and State)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lina Drucker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15th 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
65 15 29

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

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

10. NAME OF FATHER Justus Weinsberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Sabina Sasse

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____

14. INFORMANT Wm. H. Weinsberg
 (Address) 3232 Lafayette Ave.

15. FILED 16 1927 May 2 St. Louis
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14th 1927

17. I HEREBY CERTIFY, That I attended deceased from May 3rd 1927 to Sept 14th 1927, that I last saw h. alive on Sept 14th 1927, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Oesophagus.
40H
93C (duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis.
 (duration) yrs. 4 mos. ds.

18. WHERE (CITY OR TOWN) CONTRACTED St. Louis
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Macro physical
 (Signed) W. B. Mumford, M. D.
Sept 14th 1927 (Address) 3010 S. Grand Blvd

*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 Missouri Crematory DATE OF BURIAL 9-17 1927

20. UNDERTAKER Witt Bros & Co 2929 So. Jefferson ADDRESS _____

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.

PERMANENT RECORD

