

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

Do not use this space.

38038

**1. PLACE OF DEATH**

County St. Louis Registration District No. 786 File No. \_\_\_\_\_  
 Township Central Primary Registration District No. 4469 Registered No. 66  
 City St. Louis, Mo. 2262 Yale Ave. Maplewood St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William M. Weiser

(a) Residence No. 2262 Yale Ave Maplewood St. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Pearl Weiser

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27-1865

7. AGE YEARS <u>62</u>	MONTHS <u>7</u>	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Bill Telephone Co.  
 (b) General nature of industry, business, or establishment in which employed (or employer) operator  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Pennsylvania Ave.

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Unknown

14. INFORMANT John P. Weiser  
 (Address) 3720 Washington

15. FILED 12/22/27 Myrtle Schuster  
 REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 21-1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 9:30 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Death by  
Cardiac degeneration  
72 B  
67.5 D (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) 65 A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? W. B. C. + Symptoms  
12/22/27 (Signed) W. B. C., M. D.  
3720 Washington (Address)

\*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 Blue Ridge Mo. DATE OF BURIAL Dec. 24 1927

20. UNDERTAKER Ziegenhein Bros. 2623 Loper St. 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.

1928

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