

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

Do not use this space.

14936

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis Mo. (No. 2827 Papier St.)..... St. Ward.....

File No.
 Registered No. 3844

2. FULL NAME

Susanne Weimiger
 (a) Residence. No. 2827 Papier St. St. 2827 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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 19 - 1840

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
87 6 17

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Emil M. Weimiger
 (Address) 2827 Papier St.

15. FILED PR - 1 May 11 1928 W. C. St. Arnold REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1928

17. I HEREBY CERTIFY, That I attended deceased from February 1st 1928, to April 5 1928, that I last saw her alive on April 5 1928, and that death occurred, on the date stated above, at 1:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
131
arteriosclerosis and nephrosis interstitial nephritis
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 129a
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. F. Oehler, M. D.

4/6 1928 (Address) 802 Metropolitan Bldg.
 *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 New Pickers Cem. **DATE OF BURIAL** April 7 1928

20. UNDERTAKER Ziegenhein Bros, 2623 Cherokee
 ADDRESS

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

M. 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.

