

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

Do not use this space.

21835

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. ....

Township.....

Primary Registration District No. **1003**

Registered No. **5952**

City **St. Louis Mo.** (No. ....)

**St. Anthony Hospital** St. Ward

**2. FULL NAME**

(a) Residence. No. **2015 Russell Ave.** St. **2B** 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

**Female**

**White**

**Married**

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

**Julius Weinsberg**

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

**May 10 1864**

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. min.

**64**

**0**

**21**

**8. OCCUPATION OF DECEASED**

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

**Housework**

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

(c) Name of employer

**At Home**

9. BIRTHPLACE (CITY OR TOWN)

**St. Louis**

(STATE OR COUNTRY)

**Mo.**

10. NAME OF FATHER

**Unknown Johanning**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

**Unknown**

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

**Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

**Unknown**

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

**Julius Weinsberg  
22015 Russell Blvd**

15.

FILED

19

**Jun -2 1928**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

**June 1st 1928**

17.

I HEREBY CERTIFY, That I attended deceased from **May 25** 19**28** to **June 1** 19**28**

that I last saw him alive on **June 1** 19**28** and that death occurred, on the date stated above, at **7 A.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**myocarditis (Chr) 14-21  
Thrombosis (Cerebral) 5 days  
92 C  
82 B**

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. **St. Louis Mo**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical Exam Autopsy**

(Signed) **He Lyle** M. D.

June 1, 1928 (Address) **From Co. Del St. Louis Mo**

\*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

DATE OF BURIAL

**St. Peter & Paul Cmt**

**June 4 1928**

20. UNDERTAKER

ADDRESS

**Wm. J. Robert**

**1905 S Grand**

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.

