

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

Do not use this space.

1. PLACE OF DEATH **ST. LOUIS**

County **St. Louis**
Township **St. Louis**
City **St. Louis**

Registration District No. **1123**

Primary Registration District No. **6248**

File No. **25050**
Registered No. **230**

2. FULL NAME **Glyde C. Weidman**

(a) Residence. No. **318 West Mary St.** St., **St. Louis** Mo.

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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 31 - 1925**

7. AGE YEARS **2** MONTHS **10** DAYS **7** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **None**
(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) **Mo.**

10. NAME OF FATHER **Frank Weidman**

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

12. MAIDEN NAME OF MOTHER **Lillie Carver**

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

14. INFORMANT (Address) **Frank Weidman 318 West Mary St. St. Louis Mo.**

15. FILED **July 9 1928** L. C. Obrock, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 8 - 1928**

17. I HEREBY CERTIFY That I attended deceased from **June 20** to **July 8**, 19**28** that I last saw him alive on **July 8**, 19**28**, and that death occurred, on the date stated above, at **St. Louis** Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

HBW Acute Pneumonia
16.9.28 **Bronchial**
(duration) yrs. mos. da. **10**
CONTRIBUTORY **Pneumonia with effusion**
(SECONDARY) (duration) yrs. mos. da. **10**

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? **100 St. Louis**
DID AN OPERATION PRECEDE DEATH? **No** DATE OF **7/9**
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? **Smear**
(Signed) **L. C. Obrock** M. D.
7/9 19**28** (Address) **Jefferson H & 2nd**

*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 **Oceanman Mo.** DATE OF BURIAL **7-10-1928**

20. UNDERTAKER **Ziegenhein Bros. 2623 Lakeside St.**

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.

