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

Do not use this space.

File No. 43149
Registered No. 12455

1. PLACE OF DEATH

County ..... Registration District No. 78a
Township ..... Primary Registration District No. 1005
City St. Louis (No. Luthern Hospital St. ..... Ward)

2. FULL NAME August E. Weinberg

(a) Residence. No. 3531a Louisiana Ave. St., 16 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March, 27th. 1876.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	8	21	

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

9. BIRTHPLACE (CITY OR TOWN) Carlinville
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Wm. Weinberg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Barbara Reible
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Maxine Weinberg
(Address) 3531a Louisiana Ave.

15. FILED DEC 21 1928 Mary E. Barker REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 18th. 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-15-28, 19..., to 12-18-28., 19..., that I last saw him alive on 12-18-28., 19..., and that death occurred, on the date stated above, at 5.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis with Congestive failure
131
.926
132.73 (duration) ..... yrs. ..... mos. 3 ds.
CONTRIBUTORY (SECONDARY) Chronic hepatitis with nephritis
(duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED at Home
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) Theo H. Hauser, M. D.
12/20, 1928. (Address) 3657 Delmar

*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 St. Pauls Churchyard
DATE OF BURIAL 12/21 1928.

20. UNDERTAKER Waeber & Heldenfels
ADDRESS 3631 S. Broadway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD