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

Do not use this space.

2561

1. PLACE OF DEATH
County: St Louis — Registration District No.: 789 — File No.:
Township: Central — Primary Registration District No.: 60388 — Registered No.: 30
City: (No.: Home of Good Counsel St. Ward)

2. FULL NAME: Madalena Weiler

(a) Residence. No.: 7710 S. Broadway 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Michael Weiler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 6 1857

7. AGE: Years 72 — Months 1 — Days 18 — If LESS than 1 day, ...hrs. or ....min.

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): Germany
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Cornelius Krock
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: Mrs. Geo. Dawkins
(Address): 7710 S. Broadway

15. FILED: 1/26 1930 Della Bracy M.D., REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 24 1930.

17. I HEREBY CERTIFY, That I attended deceased from April 11 1929 to Jan. 24 1930 that I last saw her alive on Jan. 23 1930, and that death occurred, on the date stated above, at 6:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Int. Nephritis — Chr. Arthritis deformans — several years
Cerebral Apoplexy about 4 yrs ago leaving complete paralysis of R side (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chr. Myo-Carditis — Chr. Arteriosclerosis — Chr. Hypertension, General Anasarca — Uremia — Senility (duration) yrs. 3 mos. ds.

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? Clinical & Laboratory
(Signed) Luke B. Tiernan, M.D.
1/25 1930 (Address) 3718 Jennings Rd

*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: Mt Olivet Cem — DATE OF BURIAL: 1/27 1930
20. UNDERTAKER: C Hoffmann & Co — ADDRESS: 7818 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.