

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

Do not use this space.

7980

1. PLACE OF DEATH

County Cape Girardeau, Mo. Registration District No. 181-125
Township Cape Girardeau, Mo. Primary Registration District No. 5178
City Cape Girardeau, Mo.

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Mr. Gustav H. Weiss

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode) Cape Girardeau, Mo. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. E. N. Weiss

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 22 - 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hr. or _____ min.
	<u>62</u>	<u>5</u>	<u>25</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Cape County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Mr. Herman Hue

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mr. Roy Weiss
(Address) Cape Girardeau, Mo.

15. FILED April 10 1930 Oliver J. Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 9th, 1930, to Mar 17th, 1930, that I last saw him alive on Mar 16th, 1930, and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Solar Pneumonia

108 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 1010 (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

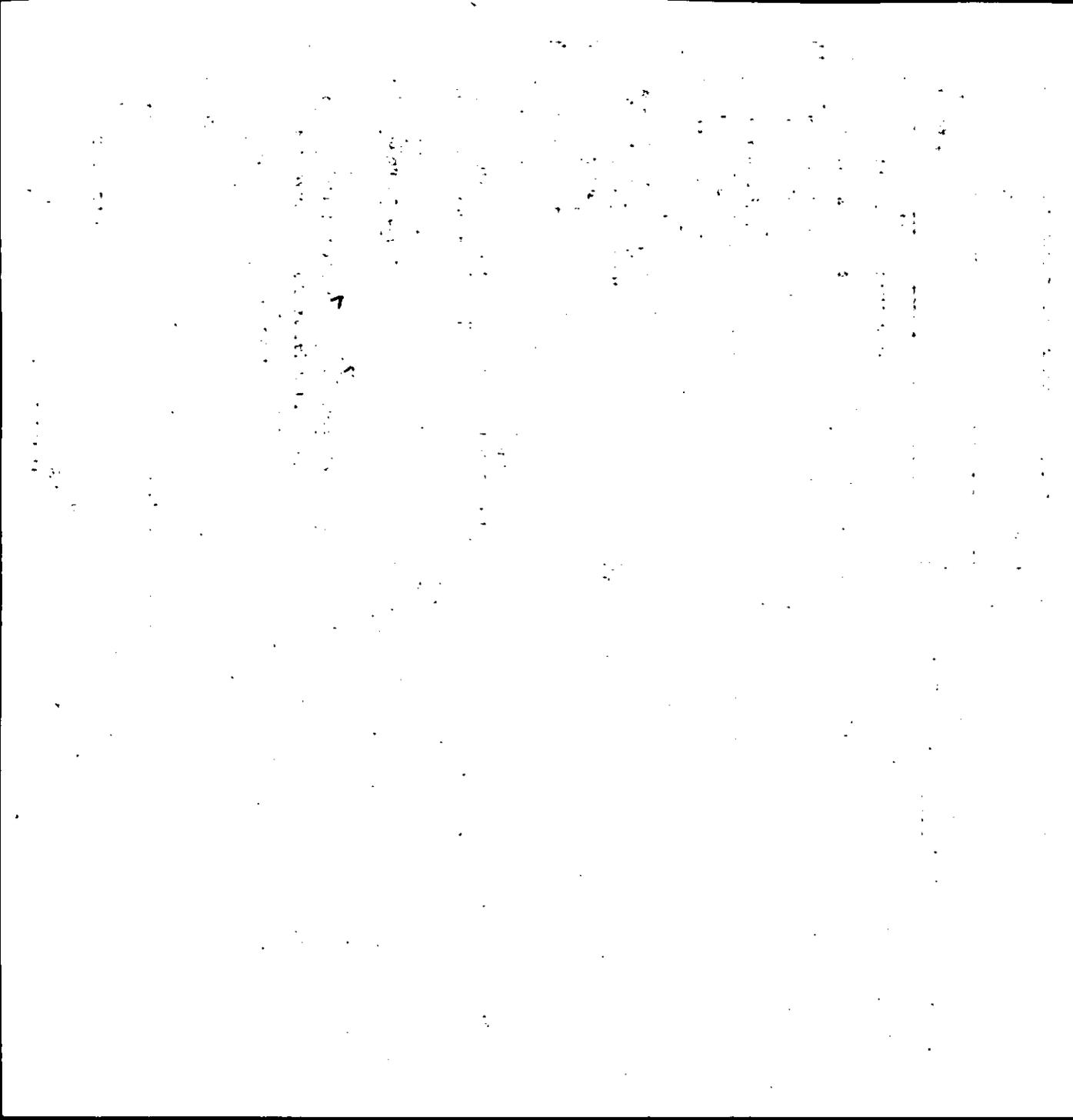
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Symptomatic
(Signed) E. B. Hue, M. D.

3/17/1930 (Address) Cape Girardeau, 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 St. Francis Catholic Church Cemetery DATE OF BURIAL March 18 1930

20. UNDERTAKER W. Bruner ADDRESS 536 Broadway



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH. Cape Girardeau Registration District No. 125 File No. _____
 County _____ Township _____ Primary Registration District No. 3178 Registered No. 400
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mr. Erich H. Weiss
 (a) Residence. No. R. F. D. 3 St. _____ Ward _____
 (Usual place of abode) Cape Girardeau mo (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs E. H. Weiss

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 5 25

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 17 19 30

17. I HEREBY CERTIFY, That I attended deceased from Mar 9th 1930 to Mar 17th 1930
 that I last saw him/her alive on Mar 16, 1930, and that death occurred, on the date set above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. 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? Symptoms
 (Signed) L. B. Schult, M. D.
3/7, 19 30 Address Cape Girardeau 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.

9. BIRTHPLACE (CITY OR TOWN) Cape County
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Mr. Herman Weiss

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 Mr. Roy Weiss
 (Address) Cape Girardeau mo

15. FILED 5721 19 30 W. Kumpfer REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hanover Chapel Co. Mo
Church Cemetery DATE OF BURIAL Mar 18 19 30

20. UNDERTAKER Al. Brunkopf ADDRESS 536 Broadway

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Supplementary

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