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

Do not use this space.

10623

**1. PLACE OF DEATH**

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2631

City St. Louis, Mo. (No. 3446 Itaska St. ..... St. ..... Ward)

**2. FULL NAME** William Weldi

(a) Residence. No. 3446 Itaska St., 15 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2 - 1861.

| 7. AGE, YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | 3 | 10 | |

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

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9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

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PARENTS

10. NAME OF FATHER Unknown

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 Lizzie Weldi
(Address) 3446 Itaska St.

15. FILED ..... 19.. Max C. Starkloff REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1927 19.., to March 12 1930, that I last saw him alive on March 11 1930, and that death occurred, on the date stated above, at 1:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis - Chronic
93C
107A

..... (duration) 3 yrs. 1 mos. 12 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia

..... (duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

3/13 1930. (Signed) C. H. Baker M. D.
(Address) Cherokee + Nebraska Ave.

*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 |
|---|---|
| Sunset Burial Pk. | 3/15 1930. |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Ziegenhein Bros. | 2623 Cherokee 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.