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

Do not use this space. 21470 [redacted]

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. 2604 Blair Ave St. ..... Ward)

File No. .....

Registered No. 6350.

2. FULL NAME Cinthy F. Weaser

(a) Residence. No. 2604 Blair Ave St., 26 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6th - 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	84	2	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(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 Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Know.

14. INFORMANT Charles F. Weaser
(Address) 2604 Blair ave.

15. JUL - 1 1930 FILED ....., 19.... Guy C. Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28th 1930

17. I HEREBY CERTIFY, That I attended deceased from June 28 30, 19.30, to June 28 30, 19.30 that I last saw her alive on June 28 30, 19.30 and that death occurred, on the date stated above, at 7 00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cor - Myo Cardetis
73 C
162 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General weakness
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED At Place of deg
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Chas Hamer, M. D.
, 19 (Address) 2701 W. Pa

*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 Friedens
DATE OF BURIAL July 1 1930

20. UNDERTAKER Ny Leidner Undt Co.
ADDRESS 1417 N. Market 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.

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