

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

Do not use this space.

28041

1. PLACE OF DEATH

County Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. 1441, Cass Ave)

File No.
 Registered No. 7870.
 St. Ward)

2. FULL NAME

John H. Weiser
 (a) Residence No. 1441 Cass St., 216 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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. Louisa Weiser

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 11-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mgr. of St. Louis
 (b) General nature of industry, business, or establishment in which employed (or employer) Bowling Ash
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Fayetteville Ill

PARENTS

10. NAME OF FATHER August Weiser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

12. MAIDEN NAME OF MOTHER Mary Walkham

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

14.

INFORMANT Mrs. Louisa Weiser
 (Address) 1441 Cass Ave

15.

FILED AUG -7 1931 Wm C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-4 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 3 1930 to Aug 4 1930 that I last saw him alive on Aug 4 1930 and that death occurred, on the date stated above, at 10:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Insolation

CONTRIBUTORY (SECONDARY)

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

(Signed) J. H. Carriere, M. D.

. 19 (Address) 2218 St. Louis Ed.

*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

Valhalla Crematory 8-7 1930
 20. UNDERTAKER Hy. Leidner 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.

