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.

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

Do not use this space.

3184

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 398

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

City St Louis, Mo. (No. 1917 Withnell Ave. St. ..... Ward)

2. FULL NAME Frederick G. Weinreich Sr.

(a) Residence. No. 1917 Withnell Ave. St., 24 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) April 23-1866.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	8	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cashier, Collector's office
(b) General nature of industry, business, or establishment in which employed (or employer) City Hall, 251
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Anna Weinreich
(Address) 1917 Withnell Ave.

15. FILED 10, 19 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 6 - 1931.

17. I HEREBY CERTIFY, That I attended deceased from July 19, 1930, to Jan 6, 1931 that I last saw him alive on Jan. 6, 1931, and that death occurred, on the date stated above, at 2:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia

11A (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 71A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory

(Signed) J. K. P. Graul, M. D.

1/7, 1931 (Address) 2905 Cherokee St.

*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.	Jan. 10 1931.
20. UNDERTAKER	ADDRESS
Ziegenhein Bros. 2643	Cherokee St.