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

Do not use this space.

3261

File No. ....
Registered No. 480

1. PLACE OF DEATH

County .....
Township .....
City ..... (No. ISOLATION HOSPITAL St. ..... Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Joseph American <Also known as Charles Weiner>

(a) Residence. No. 3731 Louisiana St. 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 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	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 9-1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	1	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) not employed
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Leona Burns
(Address) ISOLATION HOSPITAL

15. FILED JAN 12 1931, 19.... Max Ulrich
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-11 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1931, to Jan 11, 1931, that I last saw him alive on Jan 11, 1931, and that death occurred, on the date stated above, at 9 50 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Erysipelas Facial
93 c
157 cause unknown
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(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? Clinical Finding
(Signed) L. F. Konzare M. D.
, 19 (Address) ISOLATION HOSPITAL

*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 Missouri Crematory — DATE OF BURIAL Jan 13 1931

20. UNDERTAKER Pettis Bros — ADDRESS 3029 Lafayette Av

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