

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

File No. 12643

Township.....

Primary Registration District No. 1003

Registered No. 3962

City St. Louis, (No. Mo. Baptist Hosp)

St. Ward)

2. FULL NAME

August Weissenborn

(a) Residence, No. 5746 Vernon St., 5 Ward.

(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

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

Elizabeth Weissenborn

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb 27, - 1851

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

80.

1.

3.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. City Salesman

(b) General nature of industry, business, or establishment in which employed (or employer). St. Louis Butter Co

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Belleville, Ill.

(STATE OR COUNTRY)

10. NAME OF FATHER

Ernest Weissenborn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Sarah Schaefer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

14.

INFORMANT

Mrs Elizabeth Weissenborn

(Address)

5746 Vernon Ave.

15.

FILED

19

W. H. C. ...

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 30 - 1931

17.

I HEREBY CERTIFY, That I attended deceased from Mar. 27 - 31, 1931, to Mar. 30 - 31, 1931, that I last saw him alive on Mar. 30 - 31, 1931, and that death occurred, on the date stated above, at about 12:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic infection of Right Hand + Arm - produced while clipping wool at residence One week (duration) yrs. mos. da.

CONTRIBUTOR (SECONDARY)

1748 Lepis. Same (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Home, 5746 Vernon

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mar. 26 - 27

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Reg. G. C. Werne

*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

Belleville Ill.

DATE OF BURIAL

April 1 1931

20. UNDERTAKER

C. R. Dupton

ADDRESS Street
#4449

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

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.

~~210/11~~
Mo. Theatre Bldg.
Cas 0620