

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

Do not use this space.

16270

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 3
City St. Louis (No. St. Johns Hospital) St. Ward)

File No.
Registered No. 4759
St. Ward)

2. FULL NAME

Alfred E. Weissenborn
(a) Residence. No. 1749 Fessenden Blvd. 12 Ward. Webster Groves
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2 - 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Alfred H. Weissenborn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Milwaukee
(STATE OR COUNTRY) Wisconsin

12. MAIDEN NAME OF MOTHER Ema Lubenhardt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Alfred H. Weissenborn
(Address) 749 Fessenden Blvd.

15. FILED 21 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1931

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1931, to April 20, 1931, that I last saw him alive on April 20, 1931, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Grippe and Broncopneumonia
Primary
10 1/2 (duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH at his home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) H.M. Cooley, M. D.
(Address) Webster Groves Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Packer DATE OF BURIAL Apr 21 1931

20. UNDERTAKER Parker and Co ADDRESS Webster Groves Mo

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.

