

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.

1. PLACE OF DEATH

County St. Louis Registration District No. 701
Township St. Louis Primary Registration District No. 1008
City St. Louis (No. 3023, Boston Av) St. 21 Ward

32570

File No. 9381Registered No. 9381

2. FULL NAME

(a) Residence, No. 3023 Boston Av St. 21 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mellie Weich</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7/26-1880</u>		
7. AGE	YEARS	MONTHS
	<u>51</u>	<u>1</u>
		DAYS
		<u>10</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mill Hand</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Fisher Auto Body Co.</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
FATHER	13. NAME <u>Miriam Weich</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mellie Weich</u> <u>3020 Boston Av.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>9/8</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Messrs. Dickman</u> <u>3039</u> <u>East</u>		
20. FILED <u>SEP - 9 1931</u> <u>W. C. Starbuck</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 193122. I HEREBY CERTIFY, That I attended deceased from August 28, 1931, to Sept 4, 1931I last saw him alive on 9-4, 1931. Death is saidto have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance: 930

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Lloyd L. Heid M.D.(Address) 306 Lindell Trust Bldg

