

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.

3264

## 1. PLACE OF DEATH

County.....

Registration District No. 791  
1003

Township.....

Primary Registration District No. ....

City St. Louis, Mo. (No. 6938 Alabama)

St. .... Ward)

File No. ....

Registered No. 1078

## 2. FULL NAME

Charles J. Weckherlin(a) Residence, No. 6938 AlabamaSt. 1

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

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

Theresa Weckherlin

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

Dec. 6, 1872.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

59122

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

District Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Bell Telephone

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 121

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Missouri.

MOTHER FATHER

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown31

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT (ADDRESS)

Theresa Weckherlin  
6938 Alabama

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial DATE Feb. 1, 1932

19. UNDERTAKER (ADDRESS)

Southern  
6322 1/2 S. Grand

20. FILED

FEB - 1 1932  
Wm. Estabrook  
Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 193222. I HEREBY CERTIFY, That I attended deceased from Dec 19 1931 to Jan 28 1932I last saw him alive on Jan 28 1932 Death is said to have occurred on the date stated above, at 8:45 p.m.

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

coronary thrombosis

Date of onset

Other contributory causes of importance:

hypertensionchronic myocarditis

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?.....

If so, specify.....

(Signed) C. O. G. Wray M. D.(Address) 1218 Olive St. St. Louis

