

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

Do not use this space.

10976

**1. PLACE OF DEATH**

County..... Registration District No. *702*  
Township..... Primary Registration District No. *1000*  
City..... *St. Louis* (No. *City Hospital*)

File No.....  
Registered No. *3054*  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. *3921 Garfield Ave* St., No. *11* 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) *Single*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 17 - 1912*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*20 2 17*  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Electrical Worker*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *30*  
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) *St. Louis Missouri*  
13. NAME *Charles Weiss*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*  
15. MAIDEN NAME *Delia Larmie*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*  
17. INFORMANT (ADDRESS) *Matthew Weiss 2182<sup>a</sup> Linton Ave*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *Flourissant Mo* DATE *3/31* 193*3*  
19. UNDERTAKER (ADDRESS) *Arthur J. Donnelly Undertaker 2039<sup>a</sup> Wash St*  
20. FILED *Mar 23 1933* *Max C. Hartman* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-28-33*  
22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....  
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at *255 P.M.*  
The principal cause of death and related causes of importance were as follows:

*Gunshot wound of head*  
*173 Homicide*  
Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....  
*17310*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Homicide* Date of injury *3/1* 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. *In Home*  
Manner of injury *Gunshot wound*  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) *Wm V Sever* M.D.  
(Address) *Coroner*

MARGIN RESERVED FOR BINDING

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.

V. NO. 2

