

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

Do not use this space.

18240

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 1121) Mr. Causland Ave

File No.....  
Registered No. 5220  
St. .... Ward)

**2. FULL NAME** Walter O Weigle

(a) Residence, No. 1121 Mr Causland 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 <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>Frances Weigle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 25, 1872</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>3</u>
	DAYS <u>3</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>St. Louis Hair 3</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Table Foreman</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1930, to May 28, 1932

I last saw him alive on May 27, 1932 Death is said to have occurred on the date stated above, at 8:15 A. m.

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

Chronic myocarditis  
930 920

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER FATHER 13. NAME Ferdinand Weigle 0

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

15. MAIDEN NAME Amelia Rafus

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

17. INFORMANT Frances Weigle  
(ADDRESS) 1121 Mr Causland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home Plk DATE 6-1 52 19

19. UNDERTAKER Kriegshauser Mortuaries  
(ADDRESS) 4238 So. Kingshighway

20. FILED MAY 31 1932 Mar 6 Stark Coff  
Registrar

Name of operation none Date of.....  
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Henry C. Westerman, M. D.  
(Address) 2136 E. Grand Blvd.

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.

