

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

Do not use this space.

20765

1. PLACE OF DEATH

96 County St. Louis, Mo. Registration District No. 1123
 Township Arnold Primary Registration District No. 6548 B
 City Jefferson Barracks, Mo. U. S. V. A. Hospital, Jefferson Barracks, Mo. Ward)

2. FULL NAME

Arnold Weitzel.
 (a) Residence, No. 3711 So. Broadway., St. Louis, Mo. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 yrs. kn mos. 0 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 Mrs. Ann Weitzel.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1893
 7. AGE YEARS 38 MONTHS 7 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Duffy & Quinn.
 10. Date deceased last worked at this occupation (month and year) 1929. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. Missouri.

13. NAME Daniel Weitzel.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia, Pennsylvania.

15. MAIDEN NAME Susan L. Conrad.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown, Missouri.

17. INFORMANT C. H. Smith, Clinical Director. (ADDRESS) U. S. V. A. Hospital, Jefferson Brks.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Mary's DATE June 24 1932 MO

19. UNDERTAKER Francis Heitzel (ADDRESS) 26 1/2 St. Louis

20. FILED James H. Smith, C. Conrad, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1932
 22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, 1932, to June 22, 1932, 1932.
 I last saw him alive on June 22, 1932 Death is said to have occurred on the date stated above, at 6:45 AM.
 The principal cause of death and related causes of importance were as follows:

Meningitis, Cerebral, pachy lepto-
meningitis- sagittal suture.
Edema of brain.
Probably alcoholic.

Other contributory causes of importance:
 Name of operation Autopsy, Physical & Laboratory Date of 75.0
 What test confirmed diagnosis? findings. Was there an autopsy? Yes.

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) W. D. Gibson, Medical Officer InChg.
 (Address) U. S. V. A. Hospital, Jefferson Brks. 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.

97 1932

