

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

Do not use this space.

27483

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. **7290**
City **St. Louis** (No. **De Paul Hospital**) St. Ward.....

2. FULL NAME

(a) Residence, No. **5119² Green Ave** St. 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 **Female** 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 **Julius H. Weirvell**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 21, 1883**

7. AGE YEARS **49** MONTHS **10** DAYS **16** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Cit Home**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **230¹**
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) **Belleville, Mo.**

FATHER 13. NAME **John B. Ludwig**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

MOTHER 15. MAIDEN NAME **Barbara Fensch**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Belleville, Mo.**

17. INFORMANT (ADDRESS) **Julius H. Weirvell, 5119² Green Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cemetery** DATE **Aug. 9, 1929**

19. UNDERTAKER (ADDRESS) **Mat. A. Hermann, 24 So. 1st St., St. Louis, Mo.**

20. FILED **Aug - 3 1929** **Wm. C. ...** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 7, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **6:14**, 19**32**, to **8:7**, 19**32**

I last saw her alive on **8:7**, 19**32** Death is said

to have occurred on the date stated above, at **11:20** a.m.

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

464
140
140
Carcinoma Cervicis uteri
Bile ducts

Other contributory causes of importance: **0**

Name of operation **Laparotomy** Date of **7/24/32**

What test confirmed diagnosis? **Chemical** 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) **James A. Sweeney**, M. D.

(Address) **3007 Riverside Ave.**

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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No.) St. Ward)

File No.
 Registered No. 9290

2. FULL NAME

Marce A. Meinell

(a) Residence, No. St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.

19. UNDERTAKER (ADDRESS)

20. FILED

1951 May 2 C. F. ...
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1932

22. I HEREBY CERTIFY, That I attended deceased from to 19....

I last saw him alive on 19.... Death is said to have occurred on the date stated above, at m.

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

Coronary thrombosis with Bile duct Primary seat unknown. Information given over Phone by Dr. J. A. Sullivan, Sec. of W. S. 10-20-32
 Date of onset
 Other contributory causes of importance:

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) M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-27483