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.

NOV 28 1932

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

Do not use this space.

33413

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 786 — File No.

Township ~~Central~~ — Primary Registration District No. 4469 — Registered No. 54

6 City Maplewood (No. 7451, Elm Ave St. Ward)

7 2. FULL NAME Sophie M. Weigman

(a) Residence, No. 7451 Elm Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF David H. Weigman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1865

7. AGE: YEARS 67 — MONTHS 1 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Pittsburg Penna. 20

FATHER
13. NAME J. Logemann.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 31

17. INFORMANT (ADDRESS) Glen A. Weigman 7451 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE Oct. 11 1932

19. UNDERTAKER (ADDRESS) Croghan Und. Co. Inc. 7146 Manchester Av.

20. FILED 10/11 1932 Mercedes Schuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 1932

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

I last saw h..... alive on 6:45 p.m., 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:

Suicide by hanging — Date of onset 10/9/32

165 165

Other contributory causes of importance: (5)

Name of operation Nong — Date of

What test confirmed diagnosis? Physical signs — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide — Date of injury 10/9/32

Where did injury occur? Maplewood Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Suicide by hanging

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John O'Connell M. D.

(Address) Coroner of St. Louis County

1932-10 3 9
1865-8-18
67-1-21