

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

Do not use this space.

7731

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis Mo. (No. Sanitarium)

File No.....  
Registered No. 1693  
St. .... Ward)

**2. FULL NAME**

Wolf Weisberg  
(a) Residence, No. 2039 Biddle St., 13 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 8 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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 Dannie Weisberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
about 62

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Russia

13. NAME Sidney Weisberg

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

15. MAIDEN NAME Jennie Spierberg

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

17. INFORMANT (ADDRESS) Jefford A. Schmiesing

18. BURIAL, CREMATION, OR REMOVAL PLACE Interred Shel Meth DATE 2/19 1933

19. UNDERTAKER (ADDRESS) H. G. Berger

20. FILED FEB 19 1933 19 W. E. Esten Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1933  
22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1932, to Feb 18, 1933  
I last saw him alive on Feb 18, 1933. Death is said to have occurred on the date stated above, at 1:30 a.m.  
The principal cause of death and related causes of importance were as follows:

General Paralysis of Insane (syphilitic) Date of onset 9/23/32  
Tubes dorsalis 80 85 34 9/23/32

Name of operation SO Date of SO  
What test confirmed diagnosis? SO Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide SO 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) Jefford A. Schmiesing, M. D.  
(Address) 5460 Arsenal

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.

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