

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

Do not use this space.

18211

**1. PLACE OF DEATH**

County..... Registration District No. 1003  
Township..... Primary Registration District No.  
City St. Louis, (No. 4740 Alaska Avenue. St. .... Ward)

File No. ....  
Registered No. 4419

**2. FULL NAME** Bernard N. Weidinger.

(a) Residence, No. 4740 Alaska Avenue. St. 15 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1891.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>42</u>	<u>4</u>	<u>8.</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stove Mounter.

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) St. Louis, Mo.

13. NAME Nicholaus Wiedinger. 0

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

15. MAIDEN NAME Eilizabeth Gleich.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland, Ohio.

17. INFORMANT (ADDRESS) Sophia Weidinger  
4740 Alaska Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul Cem. DATE May 22, 1933.

19. UNDERTAKER (ADDRESS) J. N. Gebken & Co.  
2842 Meramec St.

20. FILED J. F. Bredeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1933

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1930, to May 19, 1933

I last saw him alive on May 19, 1933. Death is said to have occurred on the date stated above, at 2:50 P.m.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance:

Name of operation no 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? no...  
If so, specify.....

(Signed) Frank J. Schwarz M. D.  
(Address) 1030 Virginia St.

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.

RECORD WITH CHARGING INSTRUMENTS IS A PERMANENT RECORD

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