

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

*Gessow*

Do not use this space.

**20831**

**1. PLACE OF DEATH**

92 County St. Charles Registration District No. 757  
 4 Township \_\_\_\_\_ Primary Registration District No. 3036  
 8 City St. Charles (No. St. Joseph's Hospital) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 108

**2. FULL NAME**

Michael Weppich  
 (a) Residence, No. 1219 S. Main St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (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 Maquet Kellman  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 - 1881  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 2 11  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labored  
 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) Austria

FATHER 13. NAME Stephen Weppich

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

MOTHER 15. MAIDEN NAME Kathrine Melzer

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

17. INFORMANT Emil Weppich (ADDRESS) 1219 S. Main St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph's DATE June 12, 1933

19. UNDERTAKER H. Dallmeier & Sons (ADDRESS) 500 North Second St

20. FILED 6/21/33 19 St. J. Blueburn Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to June 20, 1933  
 I last saw him alive on June 20, 1933 Death is said to have occurred on the date stated above, at 12:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Edema  
Following Prostatectomy  
 137  
 Other contributory causes of importance: 1110 157  
 Date of onset \_\_\_\_\_

Name of operation Prostatectomy Date of June 17  
 What test confirmed diagnosis Physical & Lab Was there an autopsy? No

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) Robert Gessow M. D.  
 (Address) 2041 North 2nd St

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.

JUL 22 1933

2072 3 3 3

