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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 27735

Township ..... Primary Registration District No. 1003 Registered No. 6686

City St Louis (No. City Hosp #1 St. ..... Ward)

2. FULL NAME 6682 Joe Weisenberger

(a) Residence, No. 4381 Forest Park Ward. 18
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mall.
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: Unk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 19 - 1852

7. AGE: Years 81 Months 4 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
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): Germany

FATHER

13. NAME: John Weisenberger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Caroline Batz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Hosp Inf. M. Kent City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pana Ill DATE 8-4 1933

19. UNDERTAKER (ADDRESS): D. J. Kennedy Pana Ill

20. FILED AUG 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1933, to 8-1, 1933

I last saw him alive on 8-1, 1933 Death is said to have occurred on the date stated above, at 2:40 a m.

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

	Date of onset
Chr pyelonephritis	
Chr myocarditis	
93c	
137	
133A	

Other contributory causes of importance:
Benign hypertrophy of prostate
Acute urinary retention
Chr alcoholism

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 Macnish, M. D.

(Address) City Hospital

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.

SEP 26 1933

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