

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

Do not use this space.

28213

1. PLACE OF DEATH

County..... Registration District No..... File No. **7340**
 Township..... Primary Registration District No..... Registered No. **7340**
 City **St Louis Mo.** (No. **2502 1/2 Howard St.**) St. Ward)

2. FULL NAME

Leo. M. Weyerich
 (a) Residence, No. **2502 1/2 Howard St.** **20** Ward. (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Weyerich		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-1879		
7. AGE YEARS 54	MONTHS -	DAYS 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SLaborer		
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 Missouri		
13. NAME Frank Weyerich		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
15. MAIDEN NAME Pauline Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT (ADDRESS) Mrs Jessie Weyerich 2502 1/2 Howard St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Cahary Cemetery DATE Aug 26 1933		
19. UNDERTAKER (ADDRESS) E. J. Schumy 312 1/2 Lafayette Ave		
20. FILED Aug 25 1933 J. H. Budeck Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 23 1933**

22. I HEREBY CERTIFY, That I attended deceased from **July 1 1933** to **Aug 23 1933**

I last saw h. **alive on Aug 23 1933** Death is said to have occurred on the date stated above, at **8 p.m.**

The principal cause of death and related causes of importance were as follows:
Bronch carcinoma of left bronchus
AGE 54
45
710
45

Other contributory causes of importance:
Secondary Anemia

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) **J. H. Budeck** M. D.
 (Address) **220 E Howard 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.

SEP 26 1933

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