JAN 26 1934

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

Do not use this space.

41224

784

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1. PLACE OF DEATH
County St. Louis — Registration District No. 333 — File No.
Township St. Ferdinand — Primary Registration District No. 6030 — Registered No.
City Ferguson (No. 501 Carson Rd. St. Ward)

2. FULL NAME Frank A. Weld
(a) Residence, No. 501 Carson Rd. St., 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hattie E. Weld

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 10th, 1858

7. AGE: 75 YEARS — MONTHS: 0 — DAYS: 16 — If LESS than 1 day, ...hrs. or ...min.

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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maine

FATHER
13. NAME: George Weld
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maine

MOTHER
15. MAIDEN NAME: Lucy Robins
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maine

17. INFORMANT (ADDRESS): Mrs Hattie E. Weld, 501 Carson Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla Crematory DATE: Dec. 28, 1933

19. UNDERTAKER (ADDRESS): Drehmann Hanal, 1905 Union Blvd.

20. FILED 12-29 1933 Emma J Harris, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1933, to Dec 26, 1933
I last saw him alive on Dec 26, 1933. Death is said to have occurred on the date stated above, at 3:25 P.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset

107A

Other contributory causes of importance:

107A

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) [signature], M. D.
(Address) Ferguson Mo

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.

Dr AC Leggat
25a S Florissant Rd
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