

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

Do not use this space.

41617

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 791  
 City St. Louis (No. 930 Marrison Ave St. 27 Ward)

**2. FULL NAME**

(a) Residence, No. 930 Marrison Ave St. 27 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Nil</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 16 - 1933</u>		
7. AGE	YEARS	MONTHS
	<u>—</u>	<u>2</u>
		DAYS
		<u>27</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Nil</u>	
	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) <u>St. Louis, Mo</u>		
FATHER	13. NAME <u>Elmer Weimar</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>	
MOTHER	15. MAIDEN NAME <u>Stella Hohlestein</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>	
17. INFORMANT (ADDRESS) <u>Elmer Weimar</u> <u>930 Marrison Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concordia</u> DATE <u>Dec 13 33</u>		
19. UNDERTAKER (ADDRESS) <u>Wacker Helderly</u> <u>930 Marrison Ave</u>		
20. FILED <u>12 19 33</u> <u>J. Brudeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from no physician in attendance, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 4 A m.

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

107 A Date of onset

Bronchopneumonia (Pulmonary)

Other contributory causes of importance: 1070

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?

If so, specify.....

(Signed) J. Brudeck

(Address) St. Louis, Mo

12/12/33

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  
28 1934

