

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.

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jefferson
 Township Blackwater
 City St. Louis (No. 112)

Registration District No. 112
 Primary Registration District No. 5856

File No. 5992
 Registered No. 2
 St. St. Louis Ward 1

2. FULL NAME

(a) Residence, No. Benjamin Franklin Weddle St. St. Louis Ward 1

(Usual place of abode)

Length of residence in city or town where death occurred 33 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Weddle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 10, 1853</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>1</u>	DAYS <u>13</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>Mechanic</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Worker of Wood</u>
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 1933</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Floyd Co. Va.13. NAME Alexander H. Weddle14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Louisiana Weddle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.17. INFORMANT Frank D. Weddle (ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis DATE Mar 2, 193419. UNDERTAKER R. Carter (ADDRESS) St. Louis20. FILED Feb 26, 1934 St. Louis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 193422. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Feb 24, 1934I last saw him alive on Feb 24, 1934 Death is saidto have occurred on the date stated above, at 6:00 m.

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

Endocarditis Chronic Date of onset

Other contributory causes of importance:

