

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31379

1. PLACE OF DEATH

SEP 13 1934

791
1003

County

Registration District No.

Township

Primary Registration District No.

City

No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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.

File No.

Registered No.

8692

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|--|--|-----------|--|
| 3. SEX <i>Male</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 3, 1891</i> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day,hrs. ormin. |
| <i>0</i> | <i>42</i> | <i>11</i> | <i>24</i> | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer</i> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Asst. Engineer Diesel Engine Co.</i> | | | |
| | 10. Date deceased last worked at this occupation (month and year) <i>St. Louis Mo.</i> | | | |
| 11. Total time (years) spent in this occupation | | | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i> | | | | |
| MOTHER / FATHER | 13. NAME <i>Henry Weber</i> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i> | | | |
| | 15. MAIDEN NAME <i>Elizabeth L. Ginnar</i> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i> | | | |
| 17. INFORMANT <i>Grace Party</i> (ADDRESS) <i>2102 Arsenal</i> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Mt Hope</i> DATE <i>8. 29</i> 19 <i>34</i> | | | | |
| 19. UNDERTAKER <i>Southern Yerd Co.</i> (ADDRESS) <i>6327 S Grand</i> | | | | |
| 20. FILED <i>66 29 1934</i> <i>J. Bredek</i> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 26, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 9, 1934*, to *Aug 26, 1934*

I last saw *him* alive on *Aug 26, 1934* Death is said to have occurred on the date stated above, at *12:30 p.m.*

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

Cellulitis Rt leg cause Unknown

Multiple Abscesses cause Unknown

1572 B Rt leg from cellulitis

Other contributory causes of importance:

1572 B

1572 B

Name of operator *Quincy Wiggins* *8-27-34*

What test confirmed diagnosis? *Culture* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide *No* Date of injury *.....*, 19*.....*
Where did injury occur? *No* (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 *.....* was related to occupation of deceased?
If so, specify *John Eschenbaum*
(Signed) *John Eschenbaum*
(Address) *INSULATION HOSPITAL*

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.

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