

APR 9 1935

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

Do not use this space.

791  
1003

11282

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St Louis Mo (No. ...., Sanitarium) St. .... Ward) (If nonresident, give city or town and State)

File No. ....  
Registered No. 2940

2. FULL NAME

James Weir  
(a) Residence, No. 3619 Aldine St. St. 11 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 2 mos. 19 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
26 2 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Elevator

10. Date deceased last worked at this occupation (month and year) March 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

13. NAME Frank Weir

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

15. MAIDEN NAME Mamie Pierson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

17. INFORMANT (ADDRESS) W F M Glauert M D 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Crematory Mar 30, 1935

19. UNDERTAKER (ADDRESS) W F M Glauert M D 5400 Arsenal

20. FILED 19 1935 Registrar J. B. Bredbeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9 1934 to Mar 28<sup>th</sup> 1935

I last saw him alive on Mar 28 1935. Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Chronic myocarditis 4/9/34  
93C  
Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis clinical 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) William F M Glauert M. D.

(Address) 5400 Arsenal

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.

