

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.

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

Do not use this space.

SEP 16 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 3442, Pennsylvania Ave Ward)

File No. **27595**
Registered No. **6633**

2. FULL NAME

(a) Residence, No. 3442 - Pennsylvania, 24 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 16 - 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
78 | 3 | 17

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. at Home
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) Germany

13. NAME John Held

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Elizabeth Weber
3442 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Aug 5 - 1935

19. UNDERTAKER (ADDRESS) Wacker, Helderle
2331 S. Broadway

20. FILED 3 1935 19 J. P. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1935 to Aug 2 1935

I last saw h. w. alive on Aug 1 1935 Death is said to have occurred on the date stated above, at 11 m.

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

As Myocardial Infarction

Other contributory causes of importance:
Arteriosclerosis

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 As Myocardial Infarction

(Signed) Robt. M. D.

(Address) 701 ...

