

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.

SEP 16 1935

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

Do not use this space.

791
1008

28183

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City *St. Louis* (No. *4044*) *W. Ernest St.* St. Ward)

File No.
Registered No. *7309* St. Ward)

2. FULL NAME

Merles Weed
(a) Residence, No. *4044* *W. Ernest* St., *19* Ward.
(Usual place of abode) (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 <i>M</i>	4. COLOR OR RACE <i>Cal.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>9</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 13 - 1906</i>				
7. AGE	YEARS <i>28</i>	MONTHS <i>8</i>	DAYS <i>10</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Labore</i>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Starkville Miss</i>			
	13. NAME <i>Mitchel Weed</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Starkville Miss</i>			
MOTHER	15. MAIDEN NAME <i>Clara Hodgans</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Starkville Miss</i>			
17. INFORMANT (ADDRESS) <i>B. J. Weed Chicago Ill</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Starkville Miss</i> DATE <i>Aug 29 1935</i>				
19. UNDERTAKER (ADDRESS) <i>A. J. Walton 2707 Standard St. St. Louis</i>				
20. FILED <i>Aug 28 1935</i> REGISTRAR <i>J. F. Bredeck</i>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 13 1935*

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at *1:10 a.m.*
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset
930
Other contributory causes of importance:
None

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) *Harold A. Wiley* M-D.
(Address) *St. Louis*

