

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

Do not use this space.

28231

1. PLACE OF DEATH **SEP 16 1935**

County.....  
Township.....  
City..... (No. **1264 Goerner**)

Registration District No. **1003**  
Primary Registration District No. **1003**

File No.....  
Registered No. **7370**  
St. .... Ward)

2. FULL NAME **Erwin Weib**  
(a) Residence, No. **6264 Goerner Ave.**, **2** 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mabel Weib**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 20 - 1894**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<b>23</b>	<b>41</b>	<b>6</b>	<b>10</b>	

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

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) **St. Louis Mo**

13. NAME **Adolph Weib**

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

15. MAIDEN NAME **Catherine Henschel**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Depts Ills**

17. INFORMANT **Mabel Weib** (ADDRESS) **6264 Goerner**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Forest** DATE **Sept 2 1935**

19. UNDERTAKER **Wacker Belderle** (ADDRESS) **2331 Broadway**

20. FILED **Aug 31 1935** 19 **J. Predeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 30 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 24 1934**, to **Aug 30 1935**

I last saw him alive on **Aug 30 1935** Death is said to have occurred on the date stated above, at **7:15** am.

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

**Emphysema of Liver (Hypertrophic)**

Date of onset **April 1934**

Other contributory causes of importance: **Chronic Myocarditis** **Oct 1934**

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? **No** If so, specify

(Signed) **J. A. Younoman**, M. D.  
(Address) **4602 Grayson St. Louis**

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.

WHITE PAPER, WITH WRITING MATERIALS IS A PERMANENT RECORD

