

DEC 10 1935

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

Do not use this space.

37987

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. Forest Park)..... St. .... Ward)

2. FULL NAME: William Weineisch

(a) Residence, No. 4249 Bingham St., 15 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Augusta Weineisch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-5-1867</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>-</u>
	DAYS <u>21</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Jeweler</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Art Museum</u>	
	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) <u>St. Louis Mo.</u>		
FATHER	13. NAME <u>Jacob Weineisch</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Matilda Beck</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Augusta Weineisch</u> <u>4249 Bingham St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old St. Marys</u> DATE <u>11/29 1935</u> <u>OSCAR J. HOFFMEISTER UND. CO.</u>		
19. UNDERTAKER (ADDRESS) <u>4016-18 CHIPPEWA ST.</u>		
20. FILED <u>NOV 29 1935</u> 19 <u>J.P. Bredeck</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 193522. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to Nov 26 1935I last saw h. alive on Nov 24 1935 Death is saidto have occurred on the date stated above, at 4:05 p.m.

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

Valvular disease of heart  
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Other contributory causes of importance:

Arterio-sclerosis

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? No

If so, specify.....

(Signed) J. P. Bredeck, M. D.(Address) 3115 So. Grand

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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