JAN 13 1936

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

Do not use this space.

41123

File No. 10335
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. Christian Hospital 1003 St. Ward)

Registration District No. 791
Primary Registration District No.

2. FULL NAME Charles August Weigel

(a) Residence, No. 4942 St. Louis Ave. St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18th, 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
79	6	18	

OCCUPATION

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

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

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

FATHER

13. NAME C. Weigel

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

MOTHER

15. MAIDEN NAME ~~Augusta Loeffler~~

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

17. INFORMANT Arno Weigel
(ADDRESS) 4153A W. Lee Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE 12/9/35 19

19. UNDERTAKER Grannis Und. Co.
(ADDRESS) 3710 N. Grand Blvd.

20. FILED DEC - 7 1935 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1935, to Dec 6, 1935
I last saw h. alive on Dec 5th, 1935. Death is said to have occurred on the date stated above, at 5:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Dec 17th 1935

Other contributory causes of importance:

Chronic Myocarditis	Made to day
Chronic Interstitial Nephritis	

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) Peter A. Eck, M. D.
(Address) 4701 St. Louis Ave.

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.

Dr. Eck. Marcus & St. Louis
4701 St. Louis Ave