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.

MAR 12 1936

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

Do not use this space.

791

7809

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1474

City St. Louis, Mo (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Jacob Zahnweh

(a) Residence, No. 926 Brownell St., N.R. Ward. Glendale, Mo.
(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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Zahnweh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	10	—	

OCCUPATION

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

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

FATHER

13. NAME Jacob Zahnweh

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

MOTHER

15. MAIDEN NAME Maria Glatzel

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

17. INFORMANT (ADDRESS) Mrs Minnie Zahnweh 926 Brownell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial DATE 2-10, 1936

19. UNDERTAKER (ADDRESS) Southern Undertaking Co 6322 S. Grand

20. FILED FEB 10 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/6/34, 19..., to 2/8/36, 19...

I last saw him alive on 2/8/36, 19..... Death is said to have occurred on the date stated above, at 5 A.m.

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

	Date of onset
Uremia	2/1/36
Chronic nephritis	2

31

Other contributory causes of importance:
Chronic myocarditis
Simple Prostatitis; cystitis Catarrhal
Non V.D.

Name of operation ..... Date of .....

What test confirmed diagnosis? {Blood N.P.N. 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) Andrew G. Klein, M. D.

(Address) 3531a Delor.

Dr. [illegible] 1-9
35313 [illegible]