MAR 12 1936

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

Do not use this space.

8565

1. PLACE OF DEATH —

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2269

City St Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Alan LeRoy Weismann

(a) Residence, No. 5223 Quincy St., 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 — 1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
5	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Omaha Nebraska

FATHER

13. NAME Boas Weismann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Nebraska

MOTHER

15. MAIDEN NAME Alvina Bondo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston Iowa

17. INFORMANT (ADDRESS) Boas Weismann c.c.a

18. BURIAL, CREMATION, OR REMOVAL
PLACE Neola Iowa DATE Mar 1, 1936

19. UNDERTAKER (ADDRESS) Parker Und Co Webster Groves

20. FILED FEB 29 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1936, to Feb. 28, 1936

I last saw him alive on Feb. 27, 1936 Death is said to have occurred on the date stated above, at 7:20 A.m.

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

	Date of onset
Lobar Pneumonia of right lung	2-21-36
Other contributory causes of importance: Empyema	2-26-36

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

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) Arthur W Westrup, M. D.

(Address) Webster Groves, Mo.

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.