

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.

APR 11 1936

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

Do not use this space.

12396

1. PLACE OF DEATH

County \_\_\_\_\_

Registration District No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

City \_\_\_\_\_

(No. \_\_\_\_\_)

791

1003

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_

2834 1/2 Arsenal

St. \_\_\_\_\_

24

Ward \_\_\_\_\_

(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)

married

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

Helen Weis

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

Sept 28, 1895

7. AGE

YEARS

40

MONTHS

5

DAYS

3

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

Shoe 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)

St Louis

(STATE OR COUNTRY)

mo.

FATHER

13. NAME

Guotow Weis

14. BIRTHPLACE (CITY OR TOWN)

St Louis

(STATE OR COUNTRY)

mo.

MOTHER

15. MAIDEN NAME

Elizabeth Huber

16. BIRTHPLACE (CITY OR TOWN)

St Louis

(STATE OR COUNTRY)

mo.

17. INFORMANT

(ADDRESS)

Helen Weis  
2834 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL

PLACES

St Peter Paul DATE Mar 5 1936

19. UNDERTAKER

(ADDRESS)

Thos Kutis  
2906 Groves ave.

20. FILE

MAR 3 1936

J. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 3, 1936, to March 2, 1936

I last saw him alive on March 1, 1936. Death is said to have occurred on the date stated above, at 7 P.M.

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

Rheumatic heart disease  
Auricular fibrillation  
Pretal regurgitation + stenosis  
Myocardial pathology  
Congenitive failure

Date of onset

According to history had rheumatic fever 13 yrs ago & again 8 yrs ago.

Other contributory causes of importance:

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? Yes

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)

Wesley J. Huber

M. D.

(Address)

Firmen Deloge Hospital  
1325 South Grand Blvd.

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