

25809

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

1. PLACE OF DEATH

 County Cape Girardeau Registration District No. 121
 Township St. Louis Primary Registration District No. 3909
 City Cape Girardeau No. 1004 Yardhoff St. _____ Ward)

File No. _____

Registered No. 2672. FULL NAME Pauline M. Weis
 (a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

 Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE OF George E. Weis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 - 1864
 7. AGE YEARS 70 MONTHS 6 DAYS 3 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) Cape Girardeau (STATE OR COUNTRY) Mo

 13. NAME Reinhold Paenschel

 14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

 15. MAIDEN NAME Johanna A. Weis

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

 17. INFORMANT Geo E. Weis (ADDRESS) Cape Girardeau

 18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran cemetery DATE July 30 1936

 19. UNDERTAKER Garber, F. & W. Co (ADDRESS) Cape Girardeau

 20. FILED 7-28 1936 J.M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1936
 22. I HEREBY CERTIFY, that I attended deceased from March 20, 1936 to July 28, 1936
 I last saw him alive on July 28, 1936 Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Ob. Myocarditis

Date of onset

 Other contributory causes of importance: Adeno Oclerotic

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? _____

If so, specify _____

(Signed) H. Washburn, M. D.(Address) Cape Girardeau

AUG 17 1936

