

OCT 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

St. Louis

(No.....)

4126 Manchester Ave.

File No.....

35902

Registered No.....

9522

St.....

Ward.....

2. FULL NAME
William J. Weingart

(a) Residence, No. 4126 Manchester Ave. St. 18 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.

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)

Divorced.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

MARY WEINGART

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

Jan. 7, 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

57

8

9

OCCUPATION

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

Day

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

Laborer

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)St. Louis
Mo.

FATHER

13. NAME

John Weingart

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

Germany

MOTHER

15. MAIDEN NAME

Mary Fischer

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis
MO.17. INFORMANT
(ADDRESS)John Weingart
4126 Manchester Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter & Paul

DATE 9-19

1936

19. UNDERTAKER
(ADDRESS)Kriegshauser Mortuaries
4228 So. Kingshighway

20. FILED

SEP 17 1936

J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on.....

7 A.M.

Death is said

to have occurred on the date stated above, at.....

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

Date of onset

Strangulation due to
hanging by rope to raft (in barn)
while suffering febrile
very weak and delirious

Other contributory causes of importance:

suicide

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide

Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Strangulation

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Harold P. King

(Address) St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

