

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 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. 2341 S. Broadway)

File No. 8834  
Registered No. 2324  
St. .... Ward

2. FULL NAME Cecelia Weinzettel

(a) Residence, No. 2314 S. Broadway St. 23 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8th, 1861.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 3 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 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) Germany 10

13. NAME Larwence Scheibel 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Unknown

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

17. INFORMANT Kate Weaver  
(ADDRESS) 2331 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL Old St. Peter & Pauls  
PLACE DATE Feb. 27 - 1937

19. UNDERTAKER Wacker, Helderle  
(ADDRESS) 2331 S. Broadway

20. FILED FEB 26 1937 J. P. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25th; 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1937, to Feb 25 1937

I last saw her alive on Feb 24 1937. Death is said to have occurred on the date stated above, at 2.55 A.M.

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

Chronic Myocarditis  
Physo-tachycardia  
(Toxic Thyroid)  
Date of onset 1 yr

Other contributory causes of importance: 666

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?..... 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? No

If so, specify.....

(Signed) R. E. Karn, M. D.

(Address) 2002 So. Broadway

