

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.

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

Do not use this space.

MAY 31 1937

17555

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 789
 Township Normandy Central Primary Registration District No. 6033
 City Wellston (No. 6217 Ridge Ave.) St. _____ Ward _____
 2. FULL NAME John F. Weakly
 (a) Residence, No. 6217 Ridge Ave. St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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 Johanna Weakly
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30. 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 3 16
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
 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) Indiana
 FATHER
 13. NAME Greenup Weakly
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 MOTHER
 15. MAIDEN NAME Frances Corney
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 17. INFORMANT (ADDRESS) Doanld Weakly
6217 Ridge Ave.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE April 17, 1937
 19. UNDERTAKER (ADDRESS) Jos. W. Clark
1125 Hodiamont Ave.
 20. FILED 4-16-37 W. Baehner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1937
 22. I HEREBY CERTIFY, that I attended deceased from 4/14 1937, to 4/15 1937
 I last saw him live on 4/15 1937. Death is said to have occurred on the date stated above, at 5:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Fracture Aethra
9301
 Other contributory causes of importance:
St. Vitus's Dance
Myocarditis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Findings. Was there an autopsy? NO.
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) Sam Bernstorf M. D.
 (Address) 3919 W. Florsheim Ave

Dr. Paul Bernstroff
3919 W. Florrisant Ave.,