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.

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

JUN 12 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1072A Hodiamont Ave., St. ..... Ward)

File No. 18307

Registered No. 4883

2. FULL NAME Jacob M. Weingarth,

(a) Residence, No. 1072A Hodiamont Ave., St., 5 Ward. (If nonresident, give city or town and State)
(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.

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: Lydia Weingarth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 28, 1869.

7. AGE: YEARS 68 MONTHS 2 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Illinois

FATHER

13. NAME: Louis Weingarth

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

MOTHER

15. MAIDEN NAME: Elizabeth Burg

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

17. INFORMANT (ADDRESS): Mrs. Lydia Weingarth

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Bethlehem Cem., DATE May 15/37.

19. UNDERTAKER (ADDRESS): Jos. W. Clark, 1125 Hodiamont Ave.

20. FILED MAY 13 1937 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13/37. , 19

22. I HEREBY CERTIFY, That I attended deceased from Jany 24, 1937, to May 13th, 1937

I last saw him alive on May 12, 1937. Death is said to have occurred on the date stated above, at 1.50 A.M.

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

Chronic Myocarditis — Date of onset about one yr.

Other contributory causes of importance:

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) Norman Windsor, M. D.

(Address) 6131 Elizabeth Ave St Louis Mo

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Dr. Windsor
6131 Etzel Ave.,
10-11 Am. 2-3 pm. or 7-8pm.
Cab. 4017.