

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 8 - 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, Mo.

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. 2711, Russell Ave.)

File No. 22140  
Registered No. 5892  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mr. Fritz Weimann

(a) Residence, No. 2711 Russell St., 23 Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred 45 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Veronica Brill Weimann

22. I HEREBY CERTIFY That I attended deceased from June 10, 1937, to June 16, 1937. I last saw him alive on June 15, 1937. Death is said to have occurred on the date stated above, at 2:00 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3, 1861

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 9 12

Cerebral Hemorrhage Date of onset

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

Other contributory causes of importance

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalen, Germany

FATHER 13. NAME William Weimann

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

MOTHER 15. MAIDEN NAME Kolon Niederfahrenheit

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

17. INFORMANT Mrs. Veronica Weimann (ADDRESS) 2711 Russell Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cemetery DATE June 18, 1937

19. UNDERTAKER Beiderwieden Funeral Home, Inc. (ADDRESS) 1936 St. Louis

20. FILED JUN 16 1937 J. J. Bredeck Registrar.

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) Thomas M. Hagen, M. D.  
(Address) 2025 Jefferson

