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.

50M-22-36 X9314

AUG - 5 1937

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

Do not use this space.

25250

1. PLACE OF DEATH

County 2

Township 1

City Stlouis Mo (No. 4633 Nebraska St. Ward)

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 6424

2. FULL NAME Antone Weindel

(a) Residence, No. 4633 Nebraska St., 15 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: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 21-1875

7. AGE: YEARS 61 MONTHS 10 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Apr 1-1937

11. Total time (years) spent in this occupation

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

FATHER

13. NAME: Thomas Weindel

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

MOTHER

15. MAIDEN NAME: Amelia Weindel

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

17. INFORMANT (ADDRESS): Katie Weindel 4633 Nebraska

18. BURIAL, CREMATION, OR REMOVAL

PLACE: SSP & Paul Cem DATE: 7-5 1937

19. UNDERTAKER (ADDRESS): Oscar J Hoffmeister Und Co 4016 Chippewa

20. FILED: JUL 2 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, to July 1st, 1937

I last saw him alive on July 1st, 1937. Death is said to have occurred on the date stated above, at 4:20 P.m.

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

	Date of onset
Carcinoma of stomach	1936

Other contributory causes of importance: 46B

Name of operation: none Date of

What test confirmed diagnosis? X-Ray 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) Norton John Eversoll, M. D.

(Address) 4129 Washington, St. Louis Mo