SEP 10 1937

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

29468
Do not use this space.

Registration District No. 791
Primary Registration District No.
Registered No. 8101
1003

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. City Hospital No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 45 yrs. 3 mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C.6508

2. PRINT FULL NAME Louis Weismantel
(a) Residence, No. 3935 Mc Causland St. 3
(Usual place of abode, if no street address, write county or city) (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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23, 1866

7. AGE: Years 71 | Months 6 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ~~Watchman~~ Millwright
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) retired 3 yrs
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Valentine Weidmantel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Catherine Straus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hosp. Info M. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DeSota, Mo. DATE Aug. 29th. 19 37

19. FUNERAL DIRECTOR Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED AUG 28 1937 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/26/37 19

22. I HEREBY CERTIFY, That I attended deceased from 8/9/37, 19 to 8/26/37, 19
I last saw him alive on 8/26/37, 19 Death is said to have occurred on the date stated above, at 7.10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bile ducts	
Carcinoma of liver metastatic primary seat in bile ducts	

Other contributory causes of importance:
Cirrhosis of liver
Hemorrhage from liver P.O.

Name of operation Exp. Laparotomy Date of 8-11-37
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Albert H. Kraine M. D.
(Address) City Hosp. #1

(Licensed Embalmer's Statement on Reverse Side)

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.

30M-10-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Robert Cwheeler, Licensed Embalmer No. 2128

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

~~2128~~ L. E.

No. 2128 or by, Registered Apprentice No.

working under my personal supervision.

Signed Robert Cwheeler

Licensed Embalmer No. 2128

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)