

DEC 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*Registration District No. *785*Township *St. Louis*Primary Registration District No. *6031*

City

(No.)

St.

Ward)

2. FULL NAME

(a) Residence. No. *Christyfield* St. *785* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *2 yrs. 10 mos. 15 ds.*

How long in U.S., if of foreign birth? yrs. mos. ds.

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

*Male**White**Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(or) WIFE OF

Elizabeth Weidner

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

Jan. 1st 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

Retired steam man

(b) General nature of industry,

business, or establishment in

which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Valentine Weidner

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Emmentine Fock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

*Elizabeth Weidner**Christyfield Mo.*

15.

FILED *11-26* 19 *37**Agnes Kelly*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov 24* 19*37*

17.

I HEREBY CERTIFY, That I attended deceased from

March 19*37*, to *Mar 23* 19*37*,that I last saw him alive on *Mar 23* 19*37*, and thatdeath occurred, on the date stated above, at *5:30 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Coronary Disease of Heart(duration) *Don't know* yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Dilated(duration) *Don't know* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *No* DATE OFWAS THERE AN AUTOPSY? *No*WHAT TEST CONFIRMED DIAGNOSIS *General Physical Exam**Chemical analysis of urine*(Signed) *J. Christyfield M.D.*19 (Address) *Christyfield Mo.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*St. Johns Cemetery**Nov. 27 1937**Ball's fountain Mo.*

20. UNDERTAKER

Home

ADDRESS

*Schrader Funeral**Ballwin, Mo.*

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.

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Statement of Licensed Embalmer.
I, Theo. Schrader L. C. no-3066, hereby certify
that the body recorded on the reverse side of
this certificate was embalmed by Theo. Schrader
L. C. no-3066.

signed-Theo. Schrader
Licensed embalmer. no-3066.