

JAN 10 1938

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

42826
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **1868 S. 11th St.** Registered No. **11076**
(e) Length of residence in city or town where death occurred **30** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Leo Weiskopf
(a) Residence, No. **1868 South 11th Street** St. **23**
(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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Therese Weiskopf**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 17, 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 6 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Attendant**
9. Industry or business in which work was done, as saw mill, bank, etc. **Old Mullanphy Hospital**
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) **Germany**

13. NAME **Dave Weiskopf**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT (ADDRESS) **Therese Weiskopf 1868 South 11th Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S. S. Peter & Paul** DATE **December 2, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Wm J. Robert 1905 S. Grand Blvd.**

20. FILED **DEC 1 1937** **J. Bredeck** Local Registrar.

NO PHYSICIAN CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 30, 1937**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **2 A.** m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion.
Arteriosclerosis.

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) **Alfred J. Perry**, M. D.
(Address) **Deputy Coroner**

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.

STATEMENT BY LICENSED EMBALMER

I, W. M. J. Robert, Licensed Embalmer No. 502

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed W. M. J. Robert
Licensed Embalmer No. 502

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.)