

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

1024
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis,** (d) Street No. **St. Anthony Hospital** Registered No. **880**
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Frank Weissler 2. 4 6**
 (a) Residence, No. **2841 Edgar Ave.** St. **Overland** Mo. **Mo.**
 (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 **Elizabeth Weissler**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 4 1851.**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	86	3	19	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Beer Brewer**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired 15 yrs.**
 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. 4**

FATHER
 13. NAME **Michael Weissler 11**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany. 11**

MOTHER
 15. MAIDEN NAME **Margaret Stomier**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany. 11**

17. INFORMANT **Elizabeth Weissler**
 (ADDRESS) **941 Fillmore St.**

18. BURIAL, CREMATION, OR REMOVAL
SS. Peter and Paul Cem DATE Jan. 26, 1938

19. FUNERAL DIRECTOR **J. H. Gebkend & Co.**
 (ADDRESS) **2842 Meramec St.**

20. FILED **J. Bredeck**
 (Address) **3400 Meramec**
JAN 25 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 23 1938**

22. I HEREBY CERTIFY, That I attended deceased from **1 - 8**, 1938, to **1 - 23**, 1938
 I last saw him alive on **1 - 22**, 1938. Death is said to have occurred on the date stated above, at **9:15 p.m.**
 The principal cause of death and related causes of importance were as follows:

Chron. interstitial nephritis	yes
Arteriosclerosis	yes
Chronic myocarditis	"
Arterio-sclerosis	"

Other contributory causes of importance:
Arteriosclerosis
Chronic myocarditis
Arterio-sclerosis

Name of operation **none** Date of
 What test confirmed diagnosis? **Clinic** 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) **Walter M. Jones**, M. D.
 (Address) **3400 Meramec**

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, Herman A. Gebken, Licensed Embalmer No. 2120

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

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.)