

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

# 30926

Do not use this space.

791

1003

Registered No. 8363

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No.....

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

D. 8644

2. PRINT FULL NAME..... William Weyland 45

(a) Residence, No. 1407 a Salesburg Rear (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

#### PERSONAL AND STATISTICAL PARTICULARS

#### MEDICAL CERTIFICATE OF DEATH

3. SEX <b>male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Ella Weyland</b>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>? 3/1/1878</b>			
7. AGE YEARS <b>60</b>	MONTHS <b>6</b>	DAYS <b>22</b>	IF LESS than 1 day, .....hrs. or .....min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Unemployed</b>		9. Industry or business in which work was done, as saw mill, bank, etc. <b>nil</b>	
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) <b>Missouri</b>			
13. NAME <b>William Weyland</b>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
15. MAIDEN NAME <b>Mary A. Bauer</b>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo.</b>			
17. INFORMANT (ADDRESS) <b>Hosp. Info M. Kent</b>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Friedens,</b> DATE <b>9/26/38</b> 19..			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>W. A. Stock Und. Co</b> <b>2117 E. Grand Blvd.</b>			
20. FILE NO. <b>SEP 25 1938</b> <i>J. Bredeck</i> Local Registrar.			

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/23/38** 19..

22. I HEREBY CERTIFY, That I attended deceased from **9/12/38** 19.. to **9/23/38** 19..

I last saw h. **him** on **9/23/38** 19.. Death is said to have occurred on the date stated above, at **2.45 p.**

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

*My patient had disease with cardiac hypertrophy and was decompenated.*

Date of onset

Other contributory causes of importance:  
*General arteriosclerosis*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **ye**

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?.....  
 If so, specify..... (Signed) **E. P. R. K.** M. D.  
 (Address) **City Hospital No. 1**

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice, No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.)**

**If this body is not embalmed, above space should be left blank.**