

6 - 1938
 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.

REC'D DEC 13 1938

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

40434
 Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
 (b) Township Paroudelet Primary Registration District No. 200 Registered No. 1994
 (c) City Jefferson Barracks (d) Street No. Veteran Hospital St. Unkn.
 (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 William A. WEIMAR

(a) Residence, No. 2226a Bremen Avenue, Saint Louis, St. Missouri
 (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 Mrs. Mary Weimar (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 27, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 10 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinery Mover
 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) -- 11. Total time (years) spent in this occupation --

12. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri.

FATHER 13. NAME William Weimar

14. BIRTHPLACE (CITY OR TOWN) Germany

MOTHER 15. MAIDEN NAME Emma Ruff

16. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri.

17. INFORMANT Clinical Dr. ... Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEM. DATE DEC. 7 1938

19. FUNERAL DIRECTOR E. J. Schmer (ADDRESS) 3125 Lafayette Ave

20. FILED DEC 6 - 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5 19 38

22. I HEREBY CERTIFY, That I attended deceased from November 21 1938 to December 5 1938
 I last saw him alive on December 5 1938. Death is said to have occurred on the date stated above, at 10:32A.
 The principal cause of death and related causes of importance were as follows:

Endocarditis, septic, acute, with septicemia, staphococcus, following history of sore throat and upper respiratory infection. Date of onset Unkn.

Other contributory causes of importance: Secondary Anemia. g/m Date of onset Unkn.

Name of operation None Date of None
 What test confirmed diagnosis? Clinical manif. and laboratory. Was there an autopsy? NO.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify See P. 40434
 (Signed) C. M. HUGHES, Chief Med. Officer, M. D.
 (Address) VA F., Jefferson Barracks, Mo.

STATEMENT BY LICENSED EMBALMER

I, Joe B Vollmer, Licensed Embalmer No. 4014
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 Joe B Vollmer
Licensed Embalmer No. 4014

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.)