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.

MAY 24 1933

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

Do not use this space.

14443

1. PLACE OF DEATH
96 County St. Louis — Registration District No. 789
Township Central — Primary Registration District No. 6033 3
City Brentwood (No. 1523 High School Drive St. Ward)

File No.
Registered No. 134

2. FULL NAME Rose Mary Weikard
(a) Residence, No. 1523 High School Drive Ward. Brentwood Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-4-1933
7. AGE YEARS ✓ MONTHS ✓ DAYS 24 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ 104B
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 111B
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) Mo

FATHER
13. NAME Raymond C Weikard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Margaret Röchard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Margaret Richard 1523 High School Drive
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Monica DATE 4-29-1933
19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood Mo
20. FILED 4/29 1933 Zolla Bracy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28- 1933
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 Found 3.50 A.m.
The principal cause of death and related causes of importance were as follows:

Generalized pulmonary edema evidently an early pneumonia this is an autopsy finding Baby apparently sick for a day or two without medical attention

Date of onset

Other contributory causes of importance:

111B

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? Yes

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) Luke B Turnon, M.D.
(Address) 3718 Jennings Rd

Drone Luke B Turnon 4/28/33