

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11166  
Do not use this space.

REC'D APR 4 1938

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 423 5578  
 (b) Township Rock Primary Registration District No. 4-2-5-1 Registered No. 11  
 (c) City..... (d) Street No.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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. da.

2. PRINT FULL NAME

RUTH, O. WECK. 2, 0 0

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 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 Charles Weck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15th 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 10 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife  
 9. Industry or business in which work was done, as saw mill, bank, etc. House Wife  
 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) Ill.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) A. H. Wilson  
Commercial 200 RCH

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crematory DATE March 25, 1938

19. FUNERAL DIRECTOR (ADDRESS) Heiligtag Funeral Home  
Commercial 200 RCH #2

20. FILED Mar 24 1938 Phil J. Park Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22nd 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at.....

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

That I held an instrument on the deceased on March 22, 1938  
Verdict of Jury was death as the result of a heart attack  
 Date of onset

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

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) Frank Fraser, Coronr. M. D.  
384 (Address) Testis 210

WHILE 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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Arthur Heiligtag, Licensed Embalmer No. 3872  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Arthur Heiligtag  
L. E.

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

Signed Arthur W. Heiligtag  
Licensed Embalmer No. 3872

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.)