

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH: FILED MAR 12 1940

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days
(Specify whether years, months or days)
In this community 45 years

3. (a) PRINT FULL NAME Olga Weckherlin

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased November 24, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 2 25 hr. _____ min.

9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Frederick Patzer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Meyer

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. S. Weckherlin

(b) Address 1006 Hickory

17. (a) Burial (b) Date thereof 2/22/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Wacker - Zeldert

(b) Address 2331 S. Broadway

19. (a) FEB 20 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 1006 Hickory
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20,
year 1940 hour 1:20 minute A. M.

21. I hereby certify that I attended the deceased from February 6, 1940, to February 20, 1940,
that I last saw her alive on February 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Probable Pulmonary Tuberculosis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo M. Pike (M. D. or other) _____
Address 1515 Lafayette Date signed 2/21/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 Robert C. Wheeler

Licensed Embalmer No. 2128

P. O. Address St. Louis, Mo.

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.