o. 2
-10-39
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 13115

Registration District No. 791

Primary Registration District No.

Registrar's No. 3317

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin Desloge (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County —

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4723 Ledue (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Baby Weisguth (Newborn)

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race W

6. (a) Single, widowed, married, divorced —

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased April (Month) 10 (Day) 1940 (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. 37 min.

9. Birthplace Firmin Desloge Hosp. St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Paul James Weisguth
13. Birthplace Venice (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Sylvia A. Nelson
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Father Paul J. Weisguth

(b) Address 4723 Ledue St. St. Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Bremschwig Mnd Co

(b) Address 4746 W. Florissant Ave

19. (a) APR 11 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1940 hour 10 minute 32 A.M.

21. I hereby certify that I attended the deceased from 8:55 A.M., 1940, to 10:32 am, 1940 that I last saw her alive on April 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (abdominal pregnancy)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Negative

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 330 Metropolitan Bldg Date signed 4/11/40

(Licensed Embalmer's Statement on Reverse Side)

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 No Embalming

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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