

Registration District No.

Primary Registration District No.

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:
3812 Garfield Ave.
(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. 3812 Garfield Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Emma Weitkemper. 325

8. (b) If veteran, name war No. _____ 3. (c) Social Security No. None.

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

6. (b) Name of husband or wife Late Fred Weitkemper. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 8th. 1874.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>9</u>	<u>12</u>	hr. min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name Ignatris Schelke.

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

14. Maiden name Hedwig

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

16. (a) Informant Mrs Hedwig Bronswich

(b) Address 3812 Garfield Ave.

17. (a) Burial (b) Date thereof 4-23-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director F. Leidner and Co

(b) Address 1417 N. Market St.

19. (a) APR 22 1940 (b) _____
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1940 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11-9-38
_____, 19____, to 4-20- 1940
that I last saw him alive on 4-19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage 2 day
Due to Arterio Sclerosis 3 year

Due to _____
Other conditions Intermittent Nephritis 2 year
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy no. 131

Duration
2 day
3 year
2 year
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 J. M. Macdonald (M. D. or other)
Address 5139 N. Grand Date signed 4-21-40

531 M. Howard

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis

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.