

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23563  
State File No. \_\_\_\_\_  
6008  
Registrar's No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4521 Athlone Ave 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community Unknown  
years, months or days)

3. (a) PRINT FULL NAME August F. Weeke 207

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

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

6. (b) Name of husband or wife Blanche M. Weeke 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased August 27, 1852  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 10 19 hr. min.

9. Birthplace Germany 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Broker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Weeke 6  
13. Birthplace Germany 6  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany 6  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Blanche M. Weeke

(b) Address 4521 Athlone Ave

17. (a) Burial (b) Date thereof 7/18/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUL 17 1940 (b) G.F. Fredes/R  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 9  
(If outside city or town limits write "RURAL")  
(d) Street No. 4521 Athlone A ve  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 72 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1940 hour 12:55 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 12<sup>th</sup>, 1940, to July 16<sup>th</sup>, 1940  
that I last saw h. alive on July 15<sup>th</sup>, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3dy

Due to Several arteries year

Due to Ch. hepatitis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
3dy  
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 Arthur Smedley (M. D. or other) MD  
Address 220 University Date signed 7/17/40

**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 *William G. Bush*

Licensed Embalmer No. *2118*

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.**