No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29698

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 1478

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7207 Stanford Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis

(c) City or town: University City
(If outside city or town limits, write "RURAL")

(d) Street No.: 7207 Stanford Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Jessica A. Weigel 24-D

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: F.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: W.

6. (b) Name of husband or wife: Edward Weigel

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

7. Birth date of deceased: Unk. (Month) Unk. (Day) 1870 (Year)

8. AGE: Years 70 | Months Unk. | Days Unk. | If less than one day hr. min.

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

10. Usual occupation: At Home

11. Industry or business

FATHER
12. Name: Robert Armstrong
13. Birthplace: Utah (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Lovesy
15. Birthplace: Utah (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Edmond Schatzman

(b) Address: 7207 Stanford Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-6-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla

18. (a) Signature of funeral director: Arthur J. Donnelly

(b) Address: 3840 Lindell Blvd.

19. (a) AUG 5 - 1940 (Date received local registrar) (b) K. Meyers (Registrar's signature) G.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd year 1940 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 16, 1940, to August 3rd, 1940, that I last saw her alive on August 3rd, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxic Myocarditis	6/25/40
Due to: Acute Intestinal Obstruction near Terminal Ileum	6/16/40 +
Due to: Generalized Peritonitis	
Other conditions (Include pregnancy within 3 months of death):	
Major findings of operations: Intestinal obstruction near terminal ileum	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Walter L. Moore M.D. (M. D. or other)

Address: 5400 Arsenal St. Date signed 8/3/40.

(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell B

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

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