DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40538

Registration District No. 7911 Primary Registration District No. _____ Registrar's No. 10309

1003

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: Lutherian Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 6 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Misouri (b) County St. Louis

(c) City or town South Affton (R) NR
(If outside city or town limits, write "RURAL")

(d) Street No. XXXX
(If rural, give location)

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

3. (a) PRINT FULL NAME Donald R. Weidlich

3. (b) If veteran, name war XXXX

3. (c) Social Security No. XXXX

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife XXXX

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

7. Birth date of deceased 1 (Month) 20 (Day) 1934 (Year)

8. AGE: Years 6 Months 10 Days 22 If less than one day ___ hr. ___ min.

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

10. Usual occupation XXXX

11. Industry or business XXXX

FATHER
12. Name Ralph Weidich
13. Birthplace Sappington (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Helen Schuetz
15. Birthplace South Affton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Ralph Weidlich
(b) Address South Affton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.15/40 (Month) (Day) (Year)
(c) Place: burial or cremation Ste. Lucas Cem.

18. (a) Signature of funeral director Kenneth W. Koch
(b) Address Fenton, Missouri.

19. (a) DEC 16 1940 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12 year 1940 hour 8 minute 00 p M.

21. I hereby certify that I attended the deceased from Nov 25, 1940, to Dec 12, 1940 that I last saw him alive on Dec 12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis	5 days
Due to Gangrenous Appendicitis	7 days
Due to	
Other conditions Influenza (Include pregnancy within 3 months of death)	10 days

Major findings: Of operations Gangrenous Post cecal appendix
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 J. A. Youngman (M. D. or other)
Address Sappington Mo Date signed 12/14/40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REV. 8-17-39 I X19511

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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 Kenneth W. Kock

Licensed Embalmer No. 3047

P. O. Address Fenton

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.