

S. No. 2  
4-13-40  
v. 5-17-39  
X23159

FILED JUN 25 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16501**  
Registrar's No. **4019**

Registration District No. **791**

Primary Registration District No. **1003**

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17  
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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:  
Lutheran Hospital  
(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 19 years  
years, months or days)

3. (a) PRINT FULL NAME Mr. Edgar Wm. Weilmuenster

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Mrs. Elizabeth Weilmuenster 6. (c) Age of husband or wife if 49 years

7. Birth date of deceased July 2nd, 1887  
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Benton, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Paper Carrier

11. Industry or business Self

12. Name George K. Weilmuenster

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

14. Maiden name Elizabeth A. Beaty

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

16. (a) Informant Mrs. Elizabeth Weilmuenster

(b) Address 3539 Minnesota Avenue

17. (a) Burial (b) Date thereof May 13, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Reiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAY 13 1941 (b) [Signature]  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 1617  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3529 Minnesota Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th  
year 1941 hour 5 minute 40 P.A.M.

21. I hereby certify that I attended the deceased from May 1, 1941 to May 10, 1941  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 7 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

Of autopsy \_\_\_\_\_

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 11300 Macleod Date signed 5/12/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Rev. M. E. ...  
8-9 4300<sup>a</sup>, Manchester & T. Ev.  
1-2  
5'6

**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

*G. W. ...*

- 3737

Licensed Embalmer No.

*G. W. ...*

P. O. Address

1936 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, fact should be so stated above.**

*[Handwritten mark]*