

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

St. Louis School
26020

FILED AUG 25 1941

State File No. _____

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 141

1. PLACE OF DEATH:

(a) County ST-CHARLES

(b) City or town ST-CHARLES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST-JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME BEN-Weidinger

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 22 1889.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>3</u>	<u>28</u>	hr. min.

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

10. Usual occupation Laborer.

11. Industry or business _____

MOTHER FATHER

12. Name John Weidinger.

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

14. Maiden name Mary Brockling.

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

16. (a) Informant Joseph Weidinger.

(b) Address 3927 Shirley Ave, Casonville.

17. (a) Burial (b) Date thereof 7-24-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sacred-Heart Cem.

18. (a) Signature of funeral director Ludna ...

(b) Address 2229 St. Louis Ave - St. Louis Mo.

19. (a) 7-23-41 (b) Delarence S. Neesse
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Charles 92

(c) City or town Kampsville.
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____
Coroner Argus 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism

Due to Multiple fractures of body

Due to RR accident while walking on track

Other conditions 19-4
(Include pregnancy within 3 months of death)

Duration

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) accident

(b) Date of occurrence July 17 1941

(c) Where did injury occur? C.B. 9 right of way Kampsville
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
C.B. 9 right of way

While at work? No. (Specify type of place)

(e) Means of injury struck by RR

23. Signature J.P. Enich (M. D. or other) _____
Address St. Louis Mo. Date signed 7/24/41

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

2
9
3

AUG 26 1941

AUG 27 1941

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.....

John E. Dallmeyer

Licensed Embalmer No..... *2951*

P. O. Address..... *St Charles 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, fact should be so stated above.