No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1941

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 36113

Registrar's No. 2038

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural Bonhomme Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Highway 141 1 mile south Manchester Rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Valley Park
(If outside city or town limits, write "RURAL")
(d) Street No. 552 Meramec Station Rd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lorraine Martha Weggenmann

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

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 September (Month) 18 (Day) 1924 (Year)

8. AGE: Years 17 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation High School Student

11. Industry or business

FATHER
12. Name Jerome Weggenmann
13. Birthplace Manchester (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Frances Baczyuski
15. Birthplace (City, town, or county) Poland (State or foreign country)

16. (a) Informant Jerome Weggenmann
(b) Address 552 Meramec Station Rd Valley Park Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Louis H Bopp Sons
(b) Address Kirkwood, Mo.

19. (a) OCT 6 - 1941 (Date received local registrar) (b) C. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4 year 1941 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death While riding as a passenger in an auto. that was wrecked on a public highway.

Due to Concussion of brain caused by multiple fractures of skull

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 170

Of autopsy Yes

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 Oct. 4, 1941 0 56
(c) Where did injury occur? St. Louis County (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway (Specify type of place)
While at work? No (e) Means of injury

23. Signature Louis H Bopp Sons (M. D. or other)
Address Kirkwood, Mo. Date signed 10/6/41

70 (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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, M

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, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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. 36113

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2038

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural Bonhomme Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lorraine Martha Weggenmann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 18, 1924
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
17	0	15	hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death While riding as passenger in auto on highway concussion of brain
Due to caused by multiple skull fracture
Due to on a public highway 1 automobile

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

170C-8
28

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 (M. D. or other)
Address Date signed