S. No. 2
1—9-4-41
. 5-17-39
I X29484

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. 5112

Registration District No. 791 Primary Registration District No. 100 Registrar's No. 2110

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: 1041 Hornsby Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 75 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1041 Hornsby Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

8 000 17 6 9 0

3. (a) PRINT FULL NAME Anna Weigel

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 Widow

6. (b) Name of husband or wife Henry Weigel

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

7. Birth date of deceased December 30, 1865 (Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Carl Wiegmann
13. Birthplace Germany (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Frank H. Raffel
(b) Address 1041 Hornsby Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (Month) (Day) (Year)
(c) Place: burial or cremation Hoyleton, Illinois

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAR 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4, year 1942 hour 6:10 PM minute M.

21. I hereby certify that I attended the deceased from Mar 1 1942 to Mar 4 1942 that I last saw he alive on Mar 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic — Duration 6 mo
Due to Parkinson Disease — Duration 2 years
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

F. L. Moore

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 0

23. Signature F. L. Moore (M. D. or other)
Address 607 N. Grand Date signed 3/6 42

(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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.