

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3232A Itaska Ave. /
(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

3. (a) PRINT FULL NAME LOUIS WEITZEL

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-01-2056

4. Sex Male White 5. Color or White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife ANNIE WEITZEL 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Sept 23 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Day Watchman

11. Industry or business _____

MOTHER FATHER
12. Name CONRAD WEITZEL
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name KATHERINESCHULTHEIS (City, town, or county) (State or foreign country)
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant ANNIE WEITZEL
(b) Address 3232 A ITASKA

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21. 42 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director Shordilist Dow
(b) Address 2906 Gravois Ave.

19. (a) May 19 1942 (Date of local burial) (b) J. F. Bredack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3232 A Itaska (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1942 hour 3 10 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 20 1942 to May 18 1942
that I last saw him alive on May 18 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver
Due to _____
Due to 174

Other conditions Rupture of varicose veins of esophagus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) _____
(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?

23. Signature L. E. Maeller (M. D. or other) _____
Address 3537 S. Jefferson Date May 19 1942

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

270

48

844

Dr. E. Mottler

3527 O. Jefferson

1-3 PM

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

David Van Fossan

Registered Apprentice No.

working under my personal supervision.

Signed

David Van Fossan

Licensed Embalmer No.

4242

P. O. Address

2906 Grant

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.