

S. No. 2
M-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36041

State File No.

FILED NOV 16 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9300

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge
(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..... Unknown
years, months or days)

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. 4051 West Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... -- (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Frank Weidinger
3. (b) If veteran, name war..... No
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 5
year 1942 hour 9 minute 40 M.

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..... May 26 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1942 to Nov. 5 1942;
that I last saw him alive on Nov. 5 1942;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 5 9 hr. min.

Immediate cause of death..... Coronary Occlusion Duration 2 hrs.
Due to Arteriosclerotic Heart Disease Uncertain

9. Birthplace..... Chicago, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Prior was orderly Frisco Hosp.
11. Industry or business Retired--6 years

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

MOTHER FATHER
12. Name..... George Weidinger
13. Birthplace..... Europe
(City, town, or county) (State or foreign country)
14. Maiden name..... Anna Trautmann
15. Birthplace..... New York, New York
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant..... Mrs. Theresia Voss
(b) Address 19 Glen Oak Pl., Webster Gr.
17. (a) Burial (b) Date thereof 11 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... New St. Marcus
18. (a) Signature of funeral director..... Hacker-Kelley Ind. Co.

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?
While at work?..... (Specify type of place)
(e) Means of injury.....

(b) Address NOV 73634 Gravois Avenue
19. (a) 1942 (b) J. A. Budeck
(Date registered local registrar) (Registrar's signature)

23. Signature Wm. C. Macdonald (M. D. or other)
Address 1325 So. Grand Ave Date signed 11-6-42

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

NOV 7 1942

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

Licensed Embalmer No

P. O. Address

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.