

FILED FEB 1 1943
318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

623

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:
DR. PAUL HOSP. O.
(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 MO. (b) County _____
(c) City or town ST LOUIS.
(If outside city or town limits, write "RURAL")
(d) Street No. 5656 WABADA ST.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM F. WEEKE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MATILDA WEEKE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 11 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name WM WEEKE
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Matilda Weeke

(b) Address 5656 WABADA ST.

17. (a) BURIAL (b) Date thereof JAN 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director L. M. Mullen

(b) Address 5165 DELMAR BLVD.

19. (a) JAN 21 1943 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1943 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec 1942 to Jan 19 1943
that I last saw him alive on Jan 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of testicles & cancer of pancreas
Due to _____

Due to H6

Other conditions (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? _____

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

23. Signature W. H. White (M.D. or _____)
809 N. Campbell St. Date signed 1-20-43

W. H. White

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

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..... *H. G. Harris*.....

Licensed Embalmer No. *3384*.....

P. O. Address..... *St Louis*.....

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.