

No. 2
-5-42
-17-35
X12273

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4908
2166

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County..... St. Louis

(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Good Samaritan Altenheim 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 9 Months
(Specify whether years, months or days)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis

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

(d) Street No. 4500 Washington Blvd.
2038 E. 2nd (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
No
If yes, name country.....

3. (a) PRINT FULL NAME Barbara Weisheyer

3. (b) If veteran, name war..... No

3. (c) Social Security No..... No

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..... January 26, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>83</u>	<u>1</u>	<u>10</u>	hr. min.
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9. Birthplace..... St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housework

11. Industry or business.....

12. Name..... Jacob Weisheyer

13. Birthplace..... France 5
(City, town, or county) (State or foreign country)

14. Maiden name..... Clara Helmer

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

16. (a) Informant..... Clara Normann

(b) Address..... 4608 Pope Ave.

17. (a) Burial (b) Date thereof..... Mar. 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Johns Cemetery

18. (a) Signature of funeral director..... M. Paschedag & Son

(b) Address..... 2825 N. Grand Blvd

19. (a) MAR 8 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day..... 5th
year..... 1943 hour..... 1 minute..... 45 P.M.

21. I hereby certify that I attended the deceased from Jan 2, 1943, to Mar 6, 1943
that I last saw her alive on Mar 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinoma of Liver

Duration.....

Due to.....

Due to.....

Other conditions..... arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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..... H. F. Bergmann M. D. or other.....
Address..... 3720 Washington Date signed..... 2/16/43

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

MOTHER FATHER

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.....

Esj W Wilkinson

Licensed Embalmer No.....

3575

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.