V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12966

State File No.

APR 19 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3357

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: De Paul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3½ weeks (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri (b) County 0

(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2704 N. Jefferson Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Minnie Weyrich

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louis Weyrich

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

7. Birth date of deceased September (Month) 15, (Day) 1855 (Year)

8. AGE: Years 87 Months 6 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Wm. Frederick Bierhake
13. Birthplace Essen (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Engel Goeke
15. Birthplace - - - (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Henry Weyrich
(b) Address 2704 N. Jefferson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 10, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Fun. Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) APR 9 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th, year 1943 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Jan 1, 1942, to Apr 7, 1943 that I last saw her alive on Apr 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gangrene of left toes	2 weeks
Fractured left femur	30 days
Due to Arteriosclerosis	
and Chronic myocarditis	18 mo
Due to	
Other conditions Fell on living room floor (Include pregnancy within 3 months of death)	Mar 7/43

Major findings:
Of operations no operation
Of autopsy no 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) see above
(b) Date of occurrence 000
(c) Where did injury occur? own home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? getting out of bed (e) Means of injury 0

23. Signature Wm F Hirschi (M. D. or other) M.D.
Address 3500 N Grand Date signed 4/8/43

(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 John A. Milman, Registered Apprentice No.....,
working under my personal supervision.

Signed John A. Milman

Licensed Embalmer No. 4186

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.