

Registration District No. **318**

Primary Registration District No. **1003**

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

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:  
**5031a Winona 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)

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. **5031a Winona Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Henry Weishart**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **490-01-1058**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Viola Weishart** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **Feb. 1st 1893**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**50 6 2** hr. \_\_\_\_\_ min.

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

10. Usual occupation **Machinist**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Henry Weishart**

13. Birthplace **Hamburg Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lena Luthi**

15. Birthplace **Switzerland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Viola Weishart**

(b) Address **5031a Winona Ave.**

17. (a) **Burial** (b) Date thereof **8-5-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **Kriegshausler Mortuar**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **AUG 4 1943** (b) **J. F. Zudek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **3rd**  
year **1943** hour **6:30** minute **A. M.**

21. I hereby certify that I attended the deceased from **Jan 6**, 19**38**, to **Aug 3**, 19**43**  
that I last saw him alive on **Aug 3**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**  
**Coronary Embolism**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Due to \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

23. Signature **Delmar Hoffmann** (M. D. or other) \_\_\_\_\_  
Address **5439 Glavais** Date signed **8/3/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *Richard W. Stoussand* .....

Licensed Embalmer No. *4007* .....

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.**