

JUL 24 1943
Registration District No. 37

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis, County Hosp.
(b) City or town Clayton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 16 Days
(Specify whether
In this community _____
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. 6918 Greenway, Normandy, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna. E. Weidaw

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased August 24th 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 10 27 hr. _____ min.

9. Birthplace Wilkesbarre Penn. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Getzinger

13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Dunn

(b) Address 6918 Greenway Ave Normandy

17. (a) Burial (b) Date thereof July 24th 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake. Charles. Cem.

18. (a) Signature of funeral director Sullivan Bros.

(b) Address 2849N Euclid Ave

19. (a) 7-22-43 (b) C. D. McLawrence
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st
year 1943 hour 3 minute _____ M.

21. I hereby certify that I attended the deceased from 6-5-43
_____ 19____, to 7-21-43 _____ 19____;
that I last saw him or alive on 7-21-43 _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death bronchopneumonia
+ card. failure
Due to intertrach. fract. of
of femur
Due to _____

Other conditions uremia
(Include pregnancy within 3 months of death) 1 wk.

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) 096 ✓
(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) (a) Means of injury _____
23. Signature C. D. McLawrence (M. D. or other) ✓
Address Ch. Hosp. Date signed _____

Mr. Flynn 12 noon
County Hosp.

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.....

Albert J. Mayhew

Licensed Embalmer No. *3077*

P. O. Address. *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 317 Primary Registration District No. 3063

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: County Hosp.
(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)

3. (a) PRINT FULL NAME Anna E. Weidman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____ min.

7. Birth date of deceased: Aug 24 1869
(Month) (Day) (Year)
8. AGE: Years 82 Months 10 Days 20 If less than one day _____ min.

9. Birthplace Plum. (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)
16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____
(a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July Day 21 Year 1943 Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: card failure
Due to interstich fracture of femur
Due to _____
Other conditions Urema (include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 6-5-43
(c) Where did injury occur? Normandy St. Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? at home (Specify type of place) (e) Means of injury fall
23. Signature Wm. Flynn (M. D. or other)
Address 601 S. O. Brentwood Date signed _____

WRITE PLAINLY IN INK—BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

INTERVIEW

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

S-26219