S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30523

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8035

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:
4265 Red Bud Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 70 years

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. 4265 Red Bdd Avenue
(If rural, give location)

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

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3. (a) PRINT FULL NAME Hugo Weissenborn

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife
late Amelia Weissenborn

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

7. Birth date of deceased July (Month) 19th (Day) 1865 (Year)

8. AGE: Years 78 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation retired Bricklayer Contractor

11. Industry or business

FATHER
12. Name Fred Weissenborn
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Eleanor Weissenborn
(b) Address 4265 Red Bud Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/43 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Calvin J. Feutz Funeral
(b) Address 4828 Nat'l Bridge

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

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 8th year 1943 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 15, 1943 to Sept. 8, 1943 that I last saw him alive on Sept. 8, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	3 days
Ch. nephritis	yrs
Due to Renal arteriosclerosis	3 years
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Orlin Sundelson (M. D. or other) L.10
Address 2202 Lawrence Date signed 9/9/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4486

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.