

S. No. 2
DM-2-43
5-17-43
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30524

State File No. _____
Registrar's No. **8397**

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, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1807 S. Broadway
(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 **William Weissenborn**

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

3. (c) Social Security No. **None**

4. Sex **Male** 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 **Feb. 22nd, 1870**
(Month) (Day) (Year)

8. AGE: Years **73** Months **6** Days **25**

If less than one day _____ hr. _____ min.

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

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ferdinand Weissenborn**

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

14. Maiden name **Henrietta Siemens**

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

16. (a) Informant **Mrs. Minnie Ehrlich**

(b) Address **4017 Wilmington Ave.**

17. (a) **Burial** (b) Date thereof **9/22/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul's Churchyard**

18. (a) Signature of funeral director **Kraeger-Voss-Fix**

(b) Address **3402 N. Kingshighway**

19. (a) **SEP 22 1943** (b) **J.F. Brebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **100**

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

(d) Street No. **1807 S. Broadway**
(If rural, give location)

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

If yes, name country _____ **D**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **18th**

year **1943** hour **10** minute **0** M.

21. I hereby certify that I attended the deceased from **Aug. 15** to **Sept. 18**, 19**43**.

that I last saw him alive on **Sept. 15**, 19**43**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Hypertension**

Other conditions _____

(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) _____

(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 **V. Wagenbach** (M. D. or other) _____

Address **4738 Ansonia Dr** Date signed **9/22/43**

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 W. W. Wilkins
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.