

FILED NOV 10 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. ....

9415

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:  
3903 / Park 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 Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3656 Shenandoah Avenue  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Louis L. C. Weyrich

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife Mary E. Weyrich 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased October 3, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 0 22 hr. .... min.

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

10. Usual occupation Clerk

11. Industry or business.....

MOTHER FATHER

12. Name Unknown  
13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Weyrich  
(b) Address 3656 Shenandoah Avenue

17. (a) Burial (b) Date thereof Oct. 28, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

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

(b) Address 2201 So. Grand Blvd.

19. (a) OCT 26 1943 (b) J. F. Prudek  
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 26 year 1943 hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Arrhythmia  
Arteriosclerosis  
Due to.....  
Due to.....  
Other conditions..... (Include pregnancy within 3 months of death)

Duration

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).....  
(b) Date of occurrence.....  
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 James J. Ferguson (M.D. or other)  
Address 1300 Olive Date signed 10/24/43

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

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**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..... *V E Morris* .....

Licensed Embalmer No. *3360* .....

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.**