

LED DEC 22 1943

Registration District No. **318**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town _____
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution **10 days**
In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Frank Weigel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **1-5-1903**
(Month) (Day) (Year)

8. AGE: Years **40** Months **11** Days **3** If less than one day hr. min.

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

10. Usual occupation **Electrician**

11. Industry or business

12. Name **Frank Weigel**
13. Birthplace **St. Louis, Mo.**
14. Maiden name **Virginia Dean**
15. Birthplace **St. Louis, Mo.**

16. (a) Informant **Eugene Weigel**

(b) Address **3311 Pentology**

17. (a) **Cremation** (b) Date thereof **12-9-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla**

18. (a) Signature of funeral director **Thos. Kuttis & Sons**

(b) Address **2906 Grayson**

19. (a) **DEC 8 1943** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, give "RURAL")
(d) Street No. **3311 Pentology**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **6th**
year **1943** hour **8:10** minute **P.** M.

21. I hereby certify that I attended the deceased from **November 26th**
1943 to **December 6th** 19 **43**
that I last saw him alive on **December 6th** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Rheumatic heart disease with aortic stenosis**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **Refused**

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 **Frank U. Harberg** (M. D. or other) **M.D.**

Address **1515 Lafayette Ave.** Date **12/7/43**

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

MOTHER FATHER

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 *David Van Poyan*

Licensed Embalmer No. *4242*

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.