

FILED MAR 6 1944 318

Registration District No.

Primary Registration District No.

Registrar's No. 1787

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis 3rd Ave.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6100 Wanda Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6100 Wanda Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Walter W. Weitzel

3. (b) If veteran, name war World War #1 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 Alice Weitzel 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased June 19th 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 8 3 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Pullman Co.

MOTHER FATHER { 12. Name Henry Weitzel

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

14. Maiden name Mary Willoughby

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

16. (a) Informant Mrs. Alice Weitzel
(b) Address 6100 Wanda Ave.

17. (a) Cremation (b) Date thereof 2-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory
Kriegshauser Mortuary

18. (a) Signature of funeral director 4228 So. Kingshighway Blvd.
(b) Address FEB 23 1944

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd
year 1944 hour 6:30 minute A.M.

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

Immediate cause of death Coronary Occlusion

Due to.....
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?

While at work? (Specify type of place) Means of injury.....

23. Signature Thomas F. Callahan (M, D, or other) 3
Address Deputy Coroner Date signed 2-23-44

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

Carver

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

Edwin A. Mc Dermott

Licensed Embalmer No. *3024*

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.