V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25790

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1663

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

96
0
0

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Manchester, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Highway 50. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 21 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,
(c) City or town Manchester, (If outside city or town limits, write "RURAL") 96
(d) Street No. Highway 50. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert M. Weigel,
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Weigel,
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Aug. (Month) 29, (Day) 1875 (Year)

8. AGE: Years 68 Months 11 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Manchester, (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Retired Baker
11. Industry or business Baker shop
FATHER
12. Name Simon Weigel,
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Frances Voelker,
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mrs. Laura Weigel, 1
(b) Address Manchester, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. (Month) 8, (Day) 44. (Year)
(c) Place: burial or cremation New SS. Peter & Paul
18. (a) Signature of funeral director John Gebken Sons
(b) Address 2628 Gravois - St. Louis, Mo.
19. (a) AUG 7 - 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5, year 1944 hour 8: 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 Arteriosclerosis

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 0
23. Signature J. W. Kennan (M. D. or other) MD
Address St. Louis County Health Dept. Date signed 8/7/44

707

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1945

AUG 24 194

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Baldwin, Me

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.