S. No. 2
M—2-43
. 5-17-39
D I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18308

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 829

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Rural St. Ferdinand Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JEWISH SANATORIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one year (Specify whether years, months or days)
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 447 Westgate
(If rural, give location)
(e) Citizen of foreign country? alien (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ernst Weigert
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Agnes Weigert
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 30, 1861 (Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Berlin Germany (City, town, or county) (State or foreign country)
10. Usual occupation towel & linen supply
11. Industry or business

MOTHER FATHER
12. Name Leopold Weigert
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Lena Loewig
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Julius Weigert
(b) Address 447 Westgate U. City
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/6/45 (Month) (Day) (Year)
(c) Place: burial or cremation Brith Sholom
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson ave.
19. (a) APR 4 1945 (Date received local registrar) (b) E. G. McLaura MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day personal year 1945 hour 12:00 minute 40 P. M.
21. I hereby certify that I attended the deceased from April personal, 1944, to April personal, 1945 that I last saw him alive on April personal, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the bladder (urinary) — Duration about 2 years
Due to
Due to
Other conditions arteriosclerotic heart dis. (Include pregnancy within 3 months of death) — since years

Major findings:
Of operations
Of autopsy as above

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

23. Signature [illegible] (M. D. or other)
Address JEWISH SANATORIUM Date signed 4-2-1945

(Licensed Embalmer's Statement on Reverse Side) P. O. Robertson, Mo.

JAN 5 1949

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.....

Licensed Embalmer No. 1597

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.