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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21429

State File No. 1

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 1661

1. PLACE OF DEATH:

(a) County 7401 Dale Ave St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7401 Dale 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 Mo. (b) County St. Louis 91

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 7401 Dale Ave
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Simon X. Weidner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 29, 1873 (Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Dixon (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Realestate

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Genevieve Werbitzky
(b) Address Willow Springs Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Vienna Mo.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) JUL 7 1945 (Date received local registrar) (b) C. G. McGarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day ? 28
year 1945 hour ? minute M.

21. I hereby certify that I attended the deceased from Death without medical attendance, 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 Senility

Due to 162b

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No 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

23. Signature [signature] M.D. (M. D. or other)

Address 601 Brentwood Blvd. Date signed 6/30/45

(Licensed Embalmer's Statement on Reverse Side)

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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.