

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** State File No. **6324**
Registrar's No. **6324**

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **5416 Genevieve**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **Life**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5416 Genevieve**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **LOUISE B WEIDANZ**

3. (b) If veteran, name war **=** 3. (c) Social Security No. **=**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **William** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Dec 26 1876**
(Month) (Day) (Year)

8. AGE: Years **68** Months **6** Days **24** If less than one day hr. min.

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

10. Usual occupation **at home**

11. Industry or business.....

12. Name **John Bredenkoetter**

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

14. Maiden name **Bretmann**

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

16. (a) Informant **Gertrude Weidanz**

(b) Address **5416 Genevieve**

17. (a) **Burial** (b) Date thereof **July 23 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cem**

18. (a) Signature of funeral director **Beiderwieden F H Inc**

(b) Address **1936 St. Louis Ave**

19. (a) **JUL 23 1945** **J. Z. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **20** year **1945** hour **10** minutes **15** P. M.

21. I hereby certify that I attended the deceased from **Jan 9 1945** to **July 20 1945** that I last saw her alive on **June 15 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **metastasis to liver carcinoma of pleurix G. M.**

Due to **H**

Due to **H**

Other conditions (Include pregnancy within 3 months of death)
Major findings: **Radium X-Ray Jan 15 - 1945 St. Louis Mo**
Of operations **no**
Of autopsy **no**

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 **Fred V. Emmert** M.D. or other **7/20/45**
Address **713 Maple Regulator** Date signed **7/20/45**

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

0
7
9
0

MOTHER FATHER

Duration

PHYSICIAN

Underline cause of death which 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..... *Alvin W. Katz*

Licensed Embalmer No. *3737*

P. O. Address. *936 St. Louis Ave*

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.