

FILED NOV 29 1945
318

State File No.

Registrar's No. **9188**

Registration District No. Primary Registration District No. **1003**

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

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:
3119 N. 11 Th Str /
(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)

3. (a) PRINT FULL NAME **WILLIAM WEUSTHOFF**

3. (b) If veteran, name war 3. (c) Social Security No. **none**

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Elenora Weusthoff** 6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **Feb 16 Th 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 ----- **8** -- **23** - .hr. min.

9. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **Retired Baker**

11. Industry or business

12. Name **Ferdinand Weusthoff**

13. Birthplace **Germany** (City, town, or county) (State or foreign country) **11**

14. Maiden name **Not known**

15. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **John Weusthoff**

(b) Address **3119 N 19 Th Str 1945**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct 26 Th** (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Edward T. Cook**

(b) Address **3516 24 1945 4 Th Str**

19. (a) **OCT 24 1945** (Date received local registrar) (b) **J. F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County
(c) City or town **St Louis MO** (If outside city or town limits, write "RURAL")
(d) Street No. **3119 N. 11 Th str** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **23** year **1945** hour **3** minute **00-P** M.

21. I hereby certify that I attended the deceased from **Sept. 12/45** 19 to **Oct 23, 45** 19 that I last saw him alive on **Oct 23** 19 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**
Due to
Due to **12/1**

Other conditions (Include pregnancy within 3 months of death) **Ch. hypertens. Scurvy**

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?

While at work? (Specify type of place) (e) Means of injury **10/24/45**
23. Signature **J. F. Bredeck** (M.D. or other) **10/24/45**
Address **1875 S. Middlebrook** Date signed

B.F. Striegel

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 Ronald O. Yakuske
Licensed Embalmer No. 3917
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.