

No. 2
5-43
3-17-39
X36677

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

1078
484

State File No.
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **22**
(d) Street No. **7117 Rhodes** **10**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Gregory Philip Weigand**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **1** day **15**
year **1946** hour **8** minute **10 A.M.**
21. I hereby certify that I attended the deceased from **January 9, 1946** to **January 15, 1946**
that I last saw him alive on **January 14, 1946**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased: **1** **5** **1946**
(Month) (Day) (Year)

Immediate cause of death:
**Trauma esophageal
fistula congenital** **10 DAYS**
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: **Confirmed above**
Of operations _____
Of autopsy **Confirmed above**

8. AGE: Years Months Days If less than one day
0 **0** **10** _____ hr. _____ min.

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

10. Usual occupation: **Nil**

11. Industry or business _____

12. Name: **Philip Weigand**

13. Birthplace: **Louisville Ky**
(City, town, or county) (State or foreign country)

14. Maiden name: **Marie Unlaur**

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

16. (a) Informant: **Philip Weigand**

(b) Address: **7117 Rhodes**

17. (a) **Burial** (b) Date thereof: **1-16-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or disposition: **Old SS Peter & Paul
C. HOFFMEISTER COLONIAL MORTUARY**

18. (a) Signature of funeral director: **6464 Chippewa, St. Louis, Missouri**

(b) Address: _____

19. (a) **JAN 16 1946 J. F. Bredek**
(Date received local registrar) (Registrar's signature)

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 **0**
23. Signature: **James L. Mudd** (M. D. or other)
Address: **634 N GRAND** Date signed: **1-15-46**

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

MOTHER FATHER

Dr James L Mudd

4515 Maryland

634 N Grand

RD 9595 Residence
FR 2020 Office

214-H118

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 *Harry J Schumacher*
Licensed Embalmer No. *2679*
P. O. Address *7814 S Broadway*

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.