

S. No. 2
M-5-43
7. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8063**
Registrar's No. **1342**

FILED FEB 18 1946
Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5906 Wabada Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 6/17

(d) Street No. 5906 Wabada Ave
(If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Weidenhorn

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Weidenhorn

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

7. Birth date of deceased Sept. 22nd 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8th
year 1946 hour 5.45 minute A M.

21. I hereby certify that I attended the deceased from 6/1 to 2/8 1946
that I last saw her alive on 2/7 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>4</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death:
Metastatic cancer of colon - Primary site

Due to Cancer

Due to H/O

Other conditions (Include pregnancy within 3 months of death) None

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings:
Of operations None

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business:

12. Name John Gibbs

13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown

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

16. (a) Informant Edward Weidenhorn

(b) Address 5906 Wabada Ave

17. (a) removal (b) Date thereof 2-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malvern, Ark.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence None

(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)

Means of injury _____

23. Signature J. D. Pully (M. D. or other) _____
Address 1412 5th Street Date signed 2/8/46

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave

19. (a) FEB 8 1946 (b) J. H. [Signature]
(Date received local registrar) (Registrar's signature)

Dr. P. J. Reilly
6125 a Bartmer Ave

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.....

Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont

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.