

FILED APR 13 1946

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution CITY INFIRMARY HOSPITAL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11/29/46 to
In this community 59 years 4/3/46 (Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY WIEGHORST

3. (b) If veteran, name war None 3. (c) Social Security No. 497 16 6091

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Elizabeth Wieghorst 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased APRIL 7th 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation BAKER

11. Industry or business 14 St. Whiteway Bakery

MOTHER FATHER { 12. Name HY WIEGHORST
13. Birthplace GERMANY
14. Maiden name LOUISE STEMER (State or foreign country)
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant CITY INFIRMARY RECORDS
(b) Address 5800 Arsenal St.

17. (a) Cremation (b) Date thereof 4/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20 Street

19. (a) APP 4 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 2600
(c) City or town ST. LOUIS MO. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3508 N. 20th ST. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL, day 3,
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3/26
1946 19 4/3 to 4/3 19 46
that I last saw her alive on 4/3 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Intense heart
steat disease Duration

Due to Heart failure
due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/2
Of autopsy _____

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 J. F. Bredek (Print name or other)
Address Isolation Hosp Date signed 4/2/46

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. G. Smithers

Licensed Embalmer No. 3966

P. O. Address 2626^a Union Bl.

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.