

FILED MAY 31 1946 STANDARD CERTIFICATE OF DEATH

State File No. 19039

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1491

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:
Enroute City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 81 Yrs 10 Mon 26 Days (Specify whether years, months or days)

3. (a) PRINT

FULL NAME George Weyl

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Marie Weyl 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased 6 20 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 26 hr. min.

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

10. Usual occupation nil

11. Industry or business

12. Name John Weyl
13. Birthplace unknown n unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Weyl
(b) Address 3002a Missouri Ave

17. (a) Burial (b) Date thereof 5-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave

19. (a) MAY 20 1946 J. Z. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2330 N Market St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 16
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred on the date and hour stated above

Immediate cause of death Coronary Occlusion

Coronary Sclerosis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

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?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury 3

23. Signature Thomas J. Callahan (M.D. or other)

Address Carroll Date signed 20-46

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

MOTHER FATHER

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 Marie A. Cashion

Licensed Embalmer No. 3949

P. O. Address St. Louis Mo

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.