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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3263

FILED FEB 10 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 977

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: 2227 Arsenal St. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 24 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2227 Arsenal St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Margarette Weimer

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Henry Weimer

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

7. Birth date of deceased June (Month) 22 (Day) 1863 (Year)

8. AGE: Years 83 Months 7 Days 5 If less than one day hr. min.

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

10. Usual occupation At home 1

11. Industry or business

FATHER
12. Name George H. Feick
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Katherine Mader 1
15. Birthplace Germany (City, town, or county) 11 (State or foreign country)

16. (a) Informant Alma Lang 1
(b) Address 2227 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Bur Pk.

18. (a) Signature of funeral director Witt Bros. L & Nlo.
(b) Address 2929 S. Jefferson Av.

19. (a) JAN 29 (Date received local registrar) J. F. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1947 hour 1:45 minute 00 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized arteriosclerosis	
Due to Senility	
Due to 97	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature [signature] (M. D. or other)
Address [signature] Date signed 1/29/47

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Davis, Registered Apprentice No. .....,

working under my personal supervision.

Signed Edgar F. Mitt

Licensed Embalmer No. 2107

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.