

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

FILED MAY 22 1947

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4740**

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. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Hancock **999**

(c) City or town West Point **11**
(If outside city or town limits, write "RURAL")

(d) Street No. NR **0**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **2**
If yes, name country _____

3. (a) PRINT FULL NAME Claudia Jean Weid

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9
year 47 hour 1 minute 50 AM.

21. I hereby certify that I attended the deceased from 5-6, 1947, to 5-9, 1947;
that I last saw h.e.r. alive on 5-9, 1947,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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 11 28 45
(Month) (Day) (Year)

Immediate cause of death? Sensitivity (toxicity) to Diiodost Pseudohermaphroditism **157**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

1	5	11	_____ hr. _____ min.
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9. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name William Weid

13. Birthplace West Point Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Alberta Howser

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

16. (a) Informant William Weid

(b) Address West Point, Illinois

17. (a) Removal (b) Date thereof 5/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Point, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 11 1947 (b) _____
(Date received local registrar) (Registrar's signature)

PHYSICIAN

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? _____
(City or town) (County) (State)

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

23. Signature R. B. Huey (M. D. or other) _____
Address West Point, Illinois Date signed _____
(Specify type of place) (a) Means of injury D

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 *Ernest W. Gillard*

Licensed Embalmer No. *4080*

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.