S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30006

Primary Registration District No. 6076

Registrar's No. 1891

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: R.R.6 Sappington, Mo.
(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 St Louis 96

(c) City or town Sappington
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. 6
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Charles F Weffelmeyer

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Amanda

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan (Month) 2 (Day) 1893 (Year)

8. AGE: Years 54 | Months 7 | Days 29 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Clothing Cutter

11. Industry or business .....

FATHER
12. Name Hy Weffelmeyer
13. Birthplace St. Louis (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name Louise Wippermann
15. Birthplace Germany (City, town, or county) ..... (State or foreign country)

16. (a) Informant Amanda Weffelmeyer
(b) Address R.R.6 Sappington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John L Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) 9-5-47 (Date received local registrar) (b) Cecil A Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st year 1947 hour 8 minute 50 A M.

21. I hereby certify that I attended the deceased from Nov. 21, 1946, to Aug 31, 1947 that I last saw him alive on ~~Aug 31~~ Sept 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Chronic Myocarditis
Due to Coronary Occlusion
Due to 93D

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

Major findings:
Of operations .....
Of autopsy .....

Duration: 1 day; 1/2 years

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 .....

Signature Wm Dembo (M. D. or other)

Address 3450 Gravois Date signed 9/1/47

(Licensed Embalmer's Statement on Reverse Side)

SEP 20 1947

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.