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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33262

State File No.

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1996

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3221 W Milton Avenue. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Maurice H. Weddell.

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 488-09-4148

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rhoda F. Weddell.

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 26, 1892.
(Month) (Day) (Year)

8. AGE:

| | | | |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| 55 | 3 | 25 | hr. min. |

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

10. Usual occupation Carpenter.

11. Industry or business _____

12. Name Franklin M. Weddell. /

13. Birthplace Minnesota.
(City, town, or county) (State or foreign country)

14. Maiden name Flora A. Schwartwoudt.

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

16. (a) Informant Mrs. Rhoda F. Weddell.

(b) Address 3221 W. Milton Avenue.

17. (a) Burial (b) Date thereof 9-23-1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) 9-24-47 (b) Geula S. Shay
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 3221 W. Milton Avenue. /
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 10
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20th.
year 1947 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 18
1947 to Sept 20, 1947
that I last saw him alive on Sept 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 2 day.

Due to 940

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury A

23. Signature S. Paul (M. D. or other) _____
Address Overland, Mo. Date signed Sept 22, 1947

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

Dr. S. E. Payvol.
2573 Woodson Road.
Hours 1 to 4 P.M.
Telephone Wabash 4816

SEP 29 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

Clement M. May

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.