

Registration District No. 318 Primary Registration District No. 1003

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:  
2607 Rauschenbach  
(If not in hospital of institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3: (a) PRINT FULL NAME Charles Weeks

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. 499-01-662

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Blanche 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased February 19 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 4 2 hr. min.

9. Birthplace Mitchell Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name George Weeks

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

14. Maiden name Sophie Messley

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

16. (a) Informant Mrs. Blanche Weeks

(b) Address 2607 Rauschenbach

17. (a) Burial (b) Date thereof 6-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) JUN 27 1948 (b) J. F. Brodeur  
(Date recorded) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood  
(c) City or town 2St. Louischenbach 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2607 Rauschenbach 9  
20 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1948 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from June - 21 1948 to July - 1-1948  
that I last saw him alive on June - 17, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration \_\_\_\_\_  
Due to Myocardial Infarction 5 years  
Heart disease with myocardial

Due to Myocardial  
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 \_\_\_\_\_  
23. Signature J. F. Brodeur (M. D. or other) md  
Address 3127 So. Grand Date signed 6-22-48

WRITE PLAINLY—USE UNFADING INK

MOTHER FATHER

AUG 17 1948

**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 Walter G. Burmanley

Licensed Embalmer No. 4202

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.**