

FILED OCT 26 1950

STANDARD CERTIFICATE OF DEATH

State File No. **35445**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8180	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4366		d. STREET ADDRESS (If rural, give location) 7360 Amherst 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Hospital							
3. NAME OF DECEASED (Type or Print) FLORA		a. (First)		b. (Middle)		c. (Last) WEIGL	
4. DATE OF DEATH Oct. 7, 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow W	
8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) abt. 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President - Weigl		11. BIRTHPLACE (State or foreign country) Austria	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Furniture Co.		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Adolph Deutsch		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Albert Weigl			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-09-2820		17. INFORMANT'S SIGNATURE OR NAME Miss Marian Weigl-7360 Amherst			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio-vascular Disease DUE TO (c) Leukemia lymphatic II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Transfusion Reaction				INTERVAL BETWEEN ONSET AND DEATH Sudden 7 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Heart Attack			
22. I hereby certify that I attended the deceased from 1934 , to Oct 7, 1950 , that I last saw the deceased alive on Oct 6, 1950 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Elmer Richman M.D. (Degree or title)				23b. ADDRESS 4526 West Pine St. Louis Mo		23c. DATE SIGNED 10-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/8/50		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Chicago, Illinois	
DATE REC'D BY LOCAL REG. OCT 8 1950		REGISTRAR'S SIGNATURE J. B. Sarsate		FUNERAL DIRECTOR'S SIGNATURE Permanental ADDRESS 5216 Delmar			

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

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8480

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John Ketter
Licensed Embalmer No. 3880
P. O. Address.....

Signed.....
Student Embalmer

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.