

FILED JAN 19 1953

STANDARD CERTIFICATE OF DEATH 6051

State File No. 2758

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 6058		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY ST. CHARLES				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) OR TOWN ST. CHARLES RURAL		c. LENGTH OF STAY (in this place) 4 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2107	
d. FULL NAME OF HOSPITAL OR INSTITUTION EVANGELICAL EMMAUS HOME				d. STREET ADDRESS (If rural, give location) 4262 CLARENCE			
3. NAME OF DECEASED (Type or Print) EMMA		a. (First)		b. (Middle) -		c. (Last) WEITKAMP	
4. DATE OF DEATH JANUARY 11, 1953		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH AUGUST 10, 1876		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 5 Days 1		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRESSMAKER		10b. KIND OF BUSINESS OR INDUSTRY Retired.		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY UNITED STATES	
13a. FATHER'S NAME HERMAN WEITKAMP		13b. MOTHER'S MAIDEN NAME WILHELMINA HEIDMANN		14. NAME OF HUSBAND OR WIFE -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-10-1968A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theophil Storken, ST. CHARLES, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken compensation 4 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sen. Arteriosclerosis 10 y. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4343				INTERVAL BETWEEN ONSET AND DEATH	
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			
22. I hereby certify that I attended the deceased from Jan 9th , 1953, to Jan 11th , 1953, that I last saw the deceased alive on Jan 9th , 1953, and that death occurred at 6 a.m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Erich Schubert, M.D.		23b. ADDRESS St. Charles Mo.		23c. DATE SIGNED Jan 12 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1/13/53		24c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS Co., MISSOURI	
DATE REC'D BY LOCAL REG. Jan 12 1953		REGISTRAR'S SIGNATURE Thomas Hamilton		25. (LICENSED EMBELMER'S SIGNATURE) CALVIN F. FEUTZ		ADDRESS 4818 NAT'L BRIDGE BL.	

(Licensed Embelmer's Statement on Reverse Side)

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

59
5

424 Jefferson St, St. Charles, Mo.
or at Leary, Reeluck Co.
on the main street in
St. Charles, Mo.

APR 8 1925

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John A. Mlinar
Licensed Embalmer No. 4186

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.