

AMENDED

Registration District No. 2-8-1968 Primary Registration District No. 1003 Registrar's No. 1473

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

|   |  |   |  |   |  |   |   |
|---|--|---|--|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>ST, LOUIS, MO.</u>  |  |   | Length of stay in 1b<br><u>2 1/2 wks</u>             |   | c. CITY OR TOWN<br><u>St. Louis</u>                          |   | Inside Limits.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSP# 1</u>                      |  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  |  | d. STREET ADDRESS (If outside, give location)<br><u>3508 N. 20th</u>  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>ELIZABETH</u> Middle Last <u>WEIGHORST</u>  |  |   |  | 4. DATE OF DEATH<br>Month <u>FEBRUARY</u> Day <u>12,</u> Year <u>1961</u>   |  |   |   |
| 5. SEX<br><u>F</u>  | 6. COLOR OR RACE<br><u>W</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>1876</u>                      | 9. AGE (last birthday)<br><u>84</u>   | IF UNDER 1 YEAR<br>Months                                    | IF UNDER 24 HR<br>Days  | IF UNDER 24 HR<br>Hours   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>                   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own home</u> |   | 11. BIRTHPLACE (City and state or country)<br><u>Germany</u> |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |
| 13a. FATHER'S NAME<br><u>Lueth</u>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>          |   |  | 13c. NAME OF HUSBAND OR WIFE<br><u>Heinrich Wieghorst-Dec.</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>             |  |   |  | 17. INFORMANT<br><u>Katherine Sontag - 1913 Destrehan</u>   |  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |  |   |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) <u>PULMONONARY EMBOLI</u>   |  |   |  |   |  |   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |   |  |   |  |   |   |
| DUE TO (b) <u>STATUS POST OP LT COLLECTOMY FOR</u>  |  |   |  |   |  |   |   |
| DUE TO (c) <u>CARCINOMA OF SIGMOID COLON + RECTOSIGMOID.</u>  |  |   |  |   |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |
|   |  |   |  |   |  | <u>154x</u>   |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                 | 20a. ACCIDENT <input type="checkbox"/>   | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>                    | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                          |  |   |   |
| 20c. TIME OF INJURY<br>Hour<br>a.m.<br>p.m.   | Month, Day, Year<br><u>5</u>   |   |  |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>NOT WHILE AT WORK <input type="checkbox"/>                         | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |   | 20f. CITY, TOWN, OR LOCATION                         |   | COUNTY   | STATE   |   |
| 21. I attended the deceased from <u>1-23-61</u> to <u>2-12-61</u> and last saw her alive on <u>2-12-61</u>                        |  |   |  | Death occurred at <u>9:45 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |   |
| 22a. SIGNATURE<br><u>W. Yates Trotter, M.D.</u> (Degree or title)   |  |   |  | 22b. ADDRESS<br><u>1515 LAFAYETTE AVE.</u>  |  | 22c. DATE SIGNED<br><u>2-12-61</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 23b. DATE<br><u>2-15-61</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u>  |  | 23d. LOCATION (City, town, or county)<br><u>St Louis Co. Mo</u>   |  | (State)   |   |
| 24. FUNERAL DIRECTOR<br><u>Edw Kochman - 3576 N. 14th</u>   |  |   | 25. DATE RECD. BY LOCAL REG.<br><u>FEB 14 1961</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>Paul Smith, M.D.</u>         |   |   |

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Lustar W Dietel

Licensed Embalmer No. 4329

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.