

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

32162  
Do not use this space.

791  
1003

OCT 14 1937

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. Missouri Baptist Hospital Registered No. 8216 St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 7 ds. 7 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Weimar Sr.

(a) Residence, No. RFD #8 Box 529 St. LR Lemay, Missouri.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 4 17  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Self  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hessen Germany

13. NAME William Weimer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Elizabeth Weimer RFD #8 Lemay, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cem. DATE Sept. 1 1937

19. FUNERAL DIRECTOR (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. Broadway

20. F. S. D. 1 1937 J. Bredack Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1937, to Aug 29, 1937. I last saw him alive on Aug 28, 1937. Death is said to have occurred on the date stated above, at 12:40 A.M.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of Prostate Gland Date of onset 1-1-37

Other contributory causes of importance:  
Arteriosclerosis 7-15-37

Name of operation Supra-Pubic Cystostomy Date of 8/24/37  
What test confirmed diagnosis? Clay Was there an autopsy? 40

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify Arteriosclerosis M. D. ....  
(Signed) J. Bredack (Address) 508 N. Grand Blvd. St. Louis Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

8/14

Grand & Olive

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

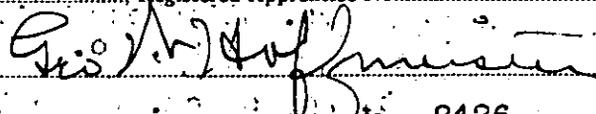
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leo Budde, L. E.

L. No. 3989 L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 2426

**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.)**