

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

1181
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **1037**
 (c) City **ST. Louis** (d) Street No. **3729 A. Aldine Ave** 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. **8** mos. **16** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Virginia Lee Wecker 260**
 (a) Residence, No. **3729 A Aldine Ave** St. **47** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Fem** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Infant**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Infant**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 11, 1937**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 8 16

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

FATHER
 13. NAME **Raymond Wecker**
 14. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

MOTHER
 15. MAIDEN NAME **Mary Watson**
 16. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Raymond Wecker**
3729 A Aldine Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Old St. Marous** DATE **Jan. 29, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **St. McLaughlin**
2301 Lafayette Ave

20. FILED **JAN 23 1938** **W. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/26/38**
 22. I HEREBY CERTIFY, That I attended deceased from **Jan 15, 1938** to **Jan 26, 1938**
 I last saw her alive on **Jan 26, 1938** PM Death is said to have occurred on the date stated above, at **3:30** m.
 The principal cause of death and related causes of importance were as follows:

Measles
Brunchitis pneumoniae

Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **10**

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? **No**
 If so, specify
 (Signed) **Wm. H. ...** M. D.
 (Address) **110 Theatre Bldg**

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.

STATEMENT BY LICENSED EMBALMER

I, L. P. Cooper....., Licensed Embalmer No. 3632

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed L. P. Cooper.....

Licensed Embalmer No. 3633

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.)