

REC'D JUN 9 1938

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

16312
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis

Registration District No. 791
Primary Registration District No. 1008

Registered No. 4173

(d) Street No. 4267 Athlone Avenue (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mathilda Weigel

(a) Residence, No. 4267a Athlone Avenue St. 10
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1860

7. AGE YEARS 77 MONTHS 4 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME George J. Weigel 6

14. BIRTHPLACE (CITY OR TOWN) Germany 6
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Katherine Ossenbrink

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

17. INFORMANT Miss Rosa Weigel
(ADDRESS) 4267a Athlone Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters DATE May 6, 1938

19. FUNERAL DIRECTOR Math Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED 19 35260
J. F. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1936 to May 4, 1938
I last saw her alive on Apr. 30, 1938. Death is said to have occurred on the date stated above, at 8:30 A. M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset my 4/38
Ch. myocarditis ?
Hypertensive Cardio. Vase. ?
with Renal disease

Other contributory causes of importance:.....
What test confirmed diagnosis?..... Was there an autopsy? no

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) Nubert S. Gueth, M. D.
(Address) 3126 N. Grand Ave.

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, Samuel Hampton, Licensed Embalmer No. 2967
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 Samuel Hampton
Licensed Embalmer No. 2967

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.)