

REC'D FEB 10 1939

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

987
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. Registered No. **987**
(c) City **St. Louis Mo.** (d) Street No. **Park Lane Memorial Hospital** 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Elizabeth Weck**

(a) Residence, No. St. **NR Toultz Illinois**
(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) Married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Weck			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1881			
7. AGE YEARS About 58	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housawfia		
	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) Shile (STATE OR COUNTRY) Illinois			
FATHER	13. NAME Unknown Canther		
	14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany		
MOTHER	15. MAIDEN NAME Unknown		
	16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany		
17. INFORMANT Mr. Edward Weck (ADDRESS) Toultz Illinois			
18. BURIAL, CREMATION, OR REMOVAL PLACE Renault Ill. DATE Feb. 1, 1939			
19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc. (ADDRESS) 4700 Washington Blvd.			
20. FUNERAL JAN 31 1939 J. B. Predeck Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 30, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 21, 1939**, to **Jan. 30, 1939**
I last saw him alive on **Jan. 30, 1939**. Death is said to have occurred on the date stated above, **11:45 a.m. 11:10 A.M.**
The principal cause of death and related causes of importance were as follows:
Small
Larvinae uterus
uterus
Other contributory causes of importance:
Primary seat uterus
Cecum
Name of operator **uterus** Date of **1-29-39**
What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify
(Signed) **J. H. J. Smith** M. D.
(Address) **7930 Lindbergh Blvd.**

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Gray W Wilkinson
Licensed Embalmer No. 3575
P. O. Address.....

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, above space should be left blank.