DATE APR 12 1939

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

9027
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 2792

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. Central 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 356 Michael Weidner
(a) Residence, No. 6139 Page Ave. St. NR Wellston, Mo
(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*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 1, 1868.

7. AGE: Years 70 | Months 3 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shippeng Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. unemployed.
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) Manchester, Missouri.

FATHER
13. NAME Valentine Weidner. C
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 6

MOTHER
15. MAIDEN NAME Clementine Hoch. 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT Mr. William E. Schwenck.
(ADDRESS) 6139 Page Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cemetery DATE March 25, 1939.

19. FUNERAL DIRECTOR (NAME) Geo. L. Pleitsch Inc.
(ADDRESS) 5966-68 Easton Ave.

20. FILED MAR 24 1939 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to March 22, 1939
I last saw him alive on March 22, 1939. Death is said to have occurred on the date stated above, at 7:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Mar 20, 1939
Chronic Nephritis	Mar 20, 1939

Other contributory causes of importance:
Chronic nephritis (bilateral) - 2 years
Chronic hypertension. Prostatic hypertrophy
Coronary sclerosis.
Was operation ~~or autopsy~~ performed? Date of
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) Thomas A. Hendricks, M. D.
(Address) 6326 So. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

BOM-1-38 I X14028

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, ...

Leonard W Kraeger, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Leonard W Kraeger

Licensed Embalmer No. 2678

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 this body is not embalmed, above space should be left blank.