

APR 11 1939

APR 7 1939

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

12196
Do not use this space.

1. PLACE OF DEATH ²

(a) County St. Louis Registration District No. 784

(b) Township CAHONDELET Primary Registration District No. 200

(c) City Afton (d) Street No. Tesson Road 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 Elizabeth Weimar

(a) Residence, No. Tesson Road St. Afton, 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 Female 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 George Weimar, Sr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>66</u>	<u>8</u>	<u>21</u>	

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) (STATE OR COUNTRY) Germany

FATHER

13. NAME Henry Frank

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

MOTHER

15. MAIDEN NAME Elizabeth Schneider

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

17. INFORMANT Elizabeth Weimar - Daughter

(ADDRESS) Afton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. John's Cem. March 13, 1939

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.

(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10/39

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1939, to Mar. 8, 1939

I last saw h. or alive on Mar. 8, 1939. Death is said to have occurred on the date stated above, at 2:30a m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Chronic Myocarditis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Smear 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) Frank L. Duke M. D.

(Address) Fenton, 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.

MAR 11 1939

John H. Kline
Dist. Emb. No.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

.....L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)